

APPLICATION FOR RESIDENCY

PLEASE FILL OUT COMPLETELY – One Application for each person 18 or older - THANK YOU

Please Tell Us About Yourself

Last				First				Middle				Maiden				Date of Birth				Social Security #				Driver's License #																																			
Applicant																																																											
Marital Status								Present Phone No. ()								9:00 to 5:00																																											
Have you ever had an eviction filed against you?																Yes				No				CONTACT PHONE NO.: () Ext.																																			
PEIS (Keeping of pets requires a pet deposit and owner's consent)																Breed				Age				Weight																																			
Present Address								Street #								Name				Apt. #				City				State				Zip				Rent/Mortgage Payment				Own				Rent				Since				/				/			
Landlord Mtg. Co.								Name								Address				City				State				Zip				Phone No. ()																											
Previous Address								Street #								Name				Apt. #				City				State				Zip				Rent/Mortgage Payment				Own				Rent				Since				/				/			
Have you ever been arrested for, or convicted of a felony?																Yes				No				If yes, please explain																																			

Please Tell Us About Your Job

Present Employer								Name								Business Address								City								State								Phone No.											
Position								Supervisor								Monthly Income								From								/				/				to				/				/			
Previous Employer								Name								Business Address								City								State								Phone No.											
Position								Supervisor								Monthly Income								From								/				/				to				/				/			

Please Give Us The Following Information

Emergency Contact								Name								Full Address								Phone No.																																																																							
Automobile 1 st Car								Year								Make								Model								Color								Tag #								Automobile 2 nd Car								Year								Make								Model								Color								Tag #							
Children Occupying								Name								Age								Name								Age								Name								Age																																															
Bank Ref								Name								Location								City								State								e-mail address:																																																							
How did you hear about us?																Have you ever left owing money to a landlord?																																																																															

Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that a investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Landlord and or Management company. Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

NON REFUNDABLE APPLICATION FEE--Applicant(s) has paid to Landlord and/or Management company herewith the sum of \$_____ as a **NON REFUNDABLE APPLICATION FEE** for costs, expenses and fees in processing the application.

APARTMENT DEPOSIT AGREEMENT --Applicant has deposited a “**APARTMENT DEPOSIT**” of \$_____ in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Landlord and/or Management and the lease is entered into and possession of the apartment is taken **the “APARTMENT DEPOSIT” shall be applied toward the security/damage deposit.** If applicant is approved, but fails to enter into the lease within 3 days of verbal and/or written approval and/or take possession after lease signing, the **FULL “APARTMENT DEPOSIT”** shall be forfeited to the Landlord or Management in addition to any penalties as provided in the lease if the lease has been signed by the applicant. The “**APARTMENT DEPOSIT**” shall be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Landlord or Management to execute a lease or deliver possession of the proposed premises.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED

Applicant Signature

Date

SECURITY DEPOSIT	\$ _____
PET SECURITY	\$ _____
PET FEE	\$ _____
CREDIT CHECK FEE	\$ _____
PAID WITH APPLICATION	\$ _____
BALANCE OF DEPOSIT DUE	\$ _____
FIRST MONTH'S RENT	\$ _____
TOTAL DUE BEFORE MOVE-IN	\$ _____
RECEIVED BY: _____	\$ _____
APPROVED BY: _____	\$ _____

OFFICE USE ONLY

COMMUNITY _____
 APT. # _____
 RENT _____
 APT. TYPE _____
 TERM OF LEASE _____
 MOVE-IN DATE _____
 CREDIT REPORT _____