



DATE _____
TIME _____

APT NO _____
MONTHLY RENT _____
SPECIAL OFFERED (IF ANY) _____

APT TYPE _____
MOVE-IN DATE _____
MARKETING SPECIALIST _____
TERM _____

APPLICATION FOR RESIDENCY

APPLICANT'S NAME _____ DATE OF BIRTH _____ SS # _____
MARITAL STATUS Single Married Divorced Widow(er) DRIVER'S LICENSE NO _____ STATE _____

SPOUSE'S NAME _____ DATE OF BIRTH _____ SS # _____
OTHER OCCUPANTS: _____ SPOUSE'S DRIVER'S LICENSE NO _____ STATE _____

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

PRESENT ADDRESS _____ HOME PHONE # _____
Street Apt. # City State ZIP

DATES FROM / TO _____ Present Landlord / Resident Mgr. Apt Name / If Home - Mortgage Co & Loan # Phone #
MONTHLY PAYMENT _____

PREVIOUS ADDRESS _____
MONTHLY PAYMENT _____
Street Apt. # City State ZIP
 RENT OWN

PRESENT EMPLOYER _____ OCCUPATION _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE NO. _____
Street City State ZIP
SUPERVISOR _____ DATES _____ GROSS MONTHLY SALARY _____

PREVIOUS EMPLOYER _____ OCCUPATION _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE NO. _____
Street City State ZIP
SUPERVISOR _____ DATES _____ GROSS MONTHLY SALARY _____

SPOUSE'S EMPLOYER _____ OCCUPATION _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE NO. _____
Street City State ZIP
SUPERVISOR _____ DATES _____ GROSS MONTHLY SALARY _____

ADDITIONAL MONTHLY INCOME (IF ANY) _____ SOURCE _____

VEHICLES:
YEAR / MAKE / MODEL _____ COLOR _____ TAG NO. & STATE _____ NAME REGISTERED IN _____
YEAR / MAKE / MODEL _____ COLOR _____ TAG NO. & STATE _____ NAME REGISTERED IN _____
YEAR / MAKE / MODEL _____ COLOR _____ TAG NO. & STATE _____ NAME REGISTERED IN _____

CAMPER, BOAT, VAN DESCRIPTION & TAG NUMBER _____

DO YOU OWN ANY PETS? _____ NUMBER? _____ BREED / TYPE? _____ WEIGHT? _____ AGE? _____

DO YOU HAVE A WATERBED? ____ YES ____ NO AQUARIUM? ____ YES ____ NO

ARE YOU A UNITED STATES CITIZEN? ____ YES ____ NO (IF NO, A SUPPLEMENTAL RENTAL APPLICATION FOR NON-U.S. CITIZENS IS REQUIRED)

HAVE YOU OR YOUR SPOUSE EVER:
HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? _____ IF YES, EXPLAIN _____

BEEN CONVICTED OF A CRIME, HAD ADJUDICATION WITHHELD, ENTERED INTO A PRE-TRIAL INTERVENTION PROGRAM, OR ARE CRIMINAL PROCEEDINGS CURRENTLY PENDING AGAINST YOU? ____ YES ____ NO IF YES, WHAT? _____

MANAGEMENT RESERVES THE RIGHT TO ACCEPT / REJECT THIS APPLICATION BASED ON THE NATURE OF THE CRIME

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE NO _____

I hereby make application for occupancy of the described apartment unit on the terms specified.
The deposit money accompanying this application is to be returned or processed for refund immediately if application is not approved or if said application is withdrawn within 3 days of the above date. After said 3-day period this deposit is non-refundable.

If this application is approved, I agree to enter into a Residential Lease Agreement for the apartment unit, terms and rental as outlined herewith. If I refuse to enter into a Residential Lease Agreement when offered by the Management the deposit made herewith shall be retained by the Management as liquidated damages.

At the time the Residential Lease Agreement is executed, the Good Faith Deposit made herewith will be applied to and become a part of the Security Deposit in accordance with the terms specified therein. The balance of any Security Deposit, Miscellaneous Fees, and the first month's rent will become due at that time.

I affirm the above information to be true and correct. All persons and / or firms named above may freely give any requested information concerning me, and I hereby waive all right of action for any consequence resulting from such information.

This is to inform you that as part of our procedure for processing your application an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have 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 to the appropriate credit reporting agency. If your account becomes delinquent, your information may be shared with a collection agency and / or credit bureau.

Fair Credit Report Act 607(a) (10) _____ initials _____ initials

Signed _____ Date _____

Signed _____ Date _____

Good Faith Deposit Paid by Check # _____ or Money Order # _____ in the amount of \$ _____ on _____

Non-Refundable Application Fee Paid by Check # _____ or Money Order # _____ in the amount of \$ _____ on _____

Non-Refundable Administrative Fee Paid by Check # _____ or Money Order # _____ in the amount of \$ _____ on _____

APPLICANT: PLEASE DO NOT WRITE BELOW

THIS APPLICATION FORM RECEIVED BY (NAME) _____ DATE / TIME _____

Applicant Notified By _____ Date / Time Notified _____

WE DO NOT DISCRIMINATE AGAINST ANY PERSON BASED UPON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN