

LEGACY PARTNERS APPLICATION FOR RESIDENCY
Each co-resident must submit separate application

Date _____ Community _____ Rental Amount _____

Leasing Consultant _____ Move-In Date _____ Apt. No. _____

Applicant's Name _____ Date of Birth _____ SS# _____
First Middle Maiden Last

Driver's License No. _____ State _____

Spouse's Name: _____ Date of Birth: _____ SS#: _____
First Middle Maiden Last

Driver's License No. _____ State: _____
Other Occupants:

_____	_____	_____	_____	_____	_____	_____
Name	Date of Birth	SS#	Name	Date of Birth	SS#	
_____	_____	_____	_____	_____	_____	_____
Name	Date of Birth	SS#	Name	Date of Birth	SS#	

RESIDENT HISTORY

Present Address _____
Street Apt. # City State Zip Phone

To/From _____

Monthly Payment \$ _____ Reason for Moving _____

Previous Address _____
Street Apt. # City State Zip

Monthly Payment \$ _____ Reason for Moving _____

Have you or spouse ever been: Evicted from any leased premises? _____ Broken a rental agreement or lease contract? _____

Have you or anyone else that will occupy the premises ever been convicted of a crime, plead no contest to a crime, or received a deferred sentence for a crime? _____ If so for what? _____

PROOF OF INCOME REQUIRED - PAYCHECK STUB, EMPLOYMENT OFFER LETTER, or TAX RETURN.

EMPLOYMENT

Present Employer _____ Position _____

Business Address _____ Phone # _____
Street City State Zip

Supervisor _____ Employed Since _____ Gross Monthly Salary _____

Additional Monthly Income (If Any) _____ Source _____

Spouse's Employer _____ Position _____

Business Address _____ Phone # _____
Street City State Zip

Supervisor _____ Employed Since _____ Gross Monthly Salary _____

Additional Monthly Income (If Any) \$ _____ Source _____

VEHICLE

Year and Make _____ Color _____ License # & State _____ Registered To _____

Year and Make _____ Color _____ License # & State _____ Registered To _____

Description and License # of any Boat, Motorcycle, Camper, Van, etc. , you may own: _____

PETS:

Do you own any pets? _____ If so, how many? _____ Type _____ Weight _____ Color _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Phone # _____
Street City State Zip

I/We understand the application fee is a non-refundable payment for a credit check and processing charge of this application and such sum is not a rental payment or security deposit. This amount will be retained by Agent to cover the cost of processing application as furnished by the applicant; any false information will constitute grounds for rejection of application. **THE RENTAL AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY AGENT.**

Non-refundable fee(s); Application \$ _____ Administrative \$ _____

I/We hereby deposit \$ _____ with Agent. This amount will be refunded within 7 working days if the application is denied or if the applicant withdraws the application in writing within 72 hours of the date of the signed application. If the application is accepted and applicant fails to occupy the premises on the agreed upon date, except for delay caused by Agent, the deposited amount will be retained by Agent as liquidated damages for holding the apartment off the market.

I/We warrant(s) and represent(s) the information provided on this application to be true and correct. I/We authorize Legacy Partners or its Agent to make such investigation into my/our credit, employment, rental and criminal history as they may deem appropriate, and release all parties from liability for any damage that may result from furnishing such information to Agent. **I/We understand any applicant convicted of a felony, drug-related crime, violent crime, or sexual offense will be automatically denied.**

Applicant's Signature _____ Date _____ Agent's Signature _____ Date _____