

**APPLICATION FOR RESIDENCY
CAMPUS SUITES**

ABOUT YOU: Full Name (*exactly as it appears on driver's license or government ID card*): _____ Today's Date: _____

Full Name: _____ Move-In Date: _____

How were you referred to us? _____ E-Mail Address: _____

Your Social Security Number: _____ Driver's License Number & State: _____

OR government issued photo ID: _____

Date of Birth: _____ Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____

School attending: _____ Class when lease term begins: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Desired Roomates: _____

Current Address (where you are living now): _____ City, State, Zip _____

Phone number at current address: _____ Cell Phone: _____ Landlord: _____

Landlord phone number: _____ Date moved in: _____

If you have not lived at your current address for 12 months, indicate additional information:

Prior Address: _____

Prior Landlord: _____ Prior Landlord Phone: _____

Have you ever been evicted? ___ Yes ___ No **Unit Size Preference** *Check One*: Three Bedroom () Four Bedroom ()

YOUR WORK: Present employer: _____

Address: _____

Monthly income: _____ Length of employment: _____

Supervisor's name: _____ Supervisor's phone: _____

YOUR VEHICLE:

Make of vehicle: _____ Year: _____ Tag #: _____ State: _____

GUARANTOR (Required for full time students): Name: _____ Relationship: _____

Street Address: _____ City, State, Zip: _____

Phone number: _____ Email: _____

EMERGENCY: *In case of emergency, notify (preferably a relative):*

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Work phone #: _____ Home phone #: _____

If you become seriously ill or injured, you authorize the person listed above to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storerooms and common areas. In case you become seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

Processing Fees: In order to process your application and to prepare your lease documents, you must pay the following fees at the time that you submit this application.

Non-refundable Application Fee: \$35.00
Administrative Fee : \$100.00
Deposit: \$100.00 (separate check please)

Total due with application: \$235.00

The Deposit is refundable if you elect to withdraw your Application within seven (7) days of submitting this application. **If you do not withdraw your application within seven (7) days of submitting this application, the Deposit becomes Non-Refundable.**

Authorization: You authorize us to verify the information contained in your application by any and all available means. You waive any right to privacy with regard to the information that you have submitted in conjunction with your application. We are not required to verify or to investigate the information that you have provided but we have the right to verify and to investigate and verify such information.

Withdrawal of Application : Provided you have not commenced residency by taking possession of your suite, you may withdraw this application during the seven (7) days following the submission of the executed application. If you provide us with written notice of your intent to withdraw your application within the seven (7) day cancellation period, you will be refunded your Deposit and your Redecorating Fee but not the application fee. If you withdraw your application after the seven (7) day cancellation period, you will only be refunded your Redecoration Fee. If you have executed a Lease, you may not withdraw your application nor cancel the Lease except in accordance with the terms of the Lease. If we reject your application, you will be refunded your Deposit and Redecorating Fee.

Applicant's Initials _____ **Owners Representative's Initials** _____

Acknowledgment: I declare that all of the statements on the first page of this application are true and correct. By signing this application, I am representing that I have never:

-been arrested for a felony or for a sex-related crime or for any criminal violation involving sale, distribution or manufacture of illegal drugs and such arrest has resulted in a conviction, a plea of nolo contendere, probation, deferred adjudication, court-ordered community supervision, or pre-trial diversion.

-been arrested for any of the aforementioned crimes and the charges are still pending

-I have not been evicted from another apartment or dormitory community

If I am using the Apartment Lease Guarantee to qualify for residency, I represent and warrant that I am enrolled in a degree awarded program at a qualified educational institution.

I authorize you to verify the information that you are providing to the Management Company in this application through all available means and I recognize that I am waiving my right to have this information protected from disclosure to you. If I have failed to answer any question or if I have given any false information, I understand that

- the Management Company is entitled to reject this Application

- the Management Company will be entitled to retain my application fee and my deposit as liquidated damages for the time spent and the expense incurred in processing my application

- the Management Company is released from any obligation to lease my a suite or bedroom within the community

- if I have signed a lease, the failure to answer or to answer honestly shall constitute a breach of the lease.

I agree that if a legal action is brought as a result of this application or the Lease, to the extent allowed by prevailing law, the prevailing party shall be allowed to recover their reasonable costs incurred in the litigation including reasonable legal fees from the non-prevailing party or parties.

I also agree that you may furnish information to consumer reporting agencies and/or other rental housing owners about my performance and behavior as a tenant. This information may be reported at any time and will include favorable and unfavorable information regarding my performance and behavior as a tenant.

Applicant's Signature: _____ **Date:** _____

Signature of Owner's Representative : _____ **Date:** _____

FOR OFFICE USE ONLY

1. Building # _____ Unit # _____

2. Person receiving Application _____

3. Person processing Application _____

4. Applicant was notified by telephone ____, by letter ____, in person ____ of acceptance ____ of non-acceptance ____ on Date: _____

5. Person who notified applicant of acceptance or non-acceptance _____

APARTMENT LEASE GUARANTY: CAMPUS SUITES

Each Guarantor must submit a separate guaranty form. It must be notarized, or the Guarantor must attach a copy of his or her driver's license or other government-issued photo identification with signature. You, as Guarantor signing this Apartment Lease Guaranty, guarantee all obligations of Resident under the lease with Campus Suites / Ultimate Student Living, LLLP acting as Agent for Owner described below.

Date of Lease: _____

If we seek to enforce this Guaranty, you agree that it can be in Calloway County, KY, where Campus Suites is located, no matter where you live.

Resident Name: _____

Suite: _____ Room: _____

Please Print:

You agree that your obligation will continue through the lease term and will not be affected by amendments, changes, assignments or subleases of the Lease. If we, as Landlord delay or fail to exercise lease rights, pursue remedies, give notices, or make demands to the Resident or to you, as Guarantor, these will not act as a waiver of our rights as owner or landlord. All of our remedies against the Resident apply to Guarantor as well. The Resident and Guarantor are solidarily liable. It is not necessary for us to sue or exhaust remedies against the Resident in order for you to be liable.

Guarantor's Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Monthly Income: _____

Employer Name: _____

Address: _____

Phone: _____

Fax: _____

Contact Name: _____

You represent that all information submitted by you on this Guaranty is true and complete. You authorize us to request and obtain consumer reports, verification of income and employment, rental history reports, and other credit reports on you. A facsimile signature by you on this Guaranty will be just as binding as an original signature. It is not necessary for you, as Guarantor, to sign the Lease itself or to be named in the Lease. The Guaranty does not have to be referred to in the Lease.

Signature of Guarantor

Date

"Duration: This guaranty shall be in effect during the initial lease term. Thereafter, this guaranty shall remain in effect for the full term of any future leases, or renewals or extensions of the existing lease, unless Landlord has received a written notification of revocation of this guaranty from the guarantor at least 3 days prior to the execution by the Landlord of the future lease, renewal or extension."

This instrument was acknowledged before me on _____ by _____

Notary Signature _____
(unless copy of Driver's License or government-issued photo ID is attached)

My Commission expires: _____

FOR CAMPUS SUITES STAFF USE ONLY			
Staff is required to complete the following information after guarantor status is received:			
Date Received _____	Guarantor Accepted _____	Guarantor Denied _____	Staff Initials _____
Date Resident Notified: _____		Staff Initials _____	
Identification Attached: Driver's License _____		Government issued photo ID _____	