APPLICATION FOR RESIDENCY

APPLICANT

Full Name _____
Social Security #: _____
Driver's License #: _____
Date of Birth: _____
Sex: _____
Marital Status: _____
Gross Annual Income: _____
Occupation: _____

OTHERS WHO WILL RESIDE IN APARTMENT:
(All applicants over the age of 18 who will be residing on the premises must fill out a separate application)

Full Legal Name	Social Security #	Relationship	Date of Birth

PRESENT ADDRESS:
Street Address:_____ Apt. #:_____
City:_____ State:_____ Zip:_____ Phone Number:_____
Rent or Own:_____ Date of Occupancy:_____ Monthly Payment:_____

Landlord or Lender:_____ Phone Number:_____
Street Address:_____ City:_____ State:_____ Zip:_____

PREVIOUS ADDRESS:
Street Address:_____ Apt. #:_____
City:_____ State:_____ Zip:_____ Phone Number:_____
Rent or Own:_____ Date of Occupancy:_____ Monthly Payment:_____

Landlord or Lender:_____ Phone Number:_____
Street Address:_____ City:_____ State:_____ Zip:_____

CURRENT EMPLOYER:
Name:_____ Street Address:_____
Supervisor:_____ Supervisor's Phone Number:_____
City:_____ State:_____ Zip:_____ Phone Number:_____
Employment Date:_____ Position:_____ Salary:_____

PREVIOUS EMPLOYER:
Name:_____ Street Address:_____
Supervisor:_____ Supervisor's Phone Number:_____
City:_____ State:_____ Zip:_____ Phone Number:_____
Employment Date:_____ Position:_____ Salary:_____

BANK REFERENCES:

Bank Name	Location	Account Number	Phone Number

CREDIT REFERENCES:

Acct Type	Name of Bank	Balance Owed	Monthly Payment

OTHER SOURCES OF INCOME:

Type of Income	Source/Bank	Gross Monthly Amount

DO YOU HAVE ANY PETS?_____ If yes, how many_____ Breed_____

HAVE YOU BEEN CONVICTED OF AND/OR PLED "GUILTY" OR "NO CONTEST" TO ANY DRUG-RELATED OFFENSE WITHIN THE PAST 5 YEARS OR ANY MISDEMEANOR INVOLVING BURGLARY, ATTEMPTED BURGLARY OF A VEHICLE, ATTEMPTED THEFT OF A PERSON, ATTEMPTED THEFT OF OVER $200, CRIMINAL MISCHIEF OVER $200, UNLAWFUL CARRYING OF A WEAPON, PORNOGRAPHY, ENTICING, INJURY TO OR OBSCENITY WITH A CHILD, CRUELTY TO ANIMALS, FORGERY, TERROR THREAT, OBSCENITY, PHYSICAL ASSAULT, SEXUAL ASSAULT, INDECENT EXPOSURE AND/OR SEXUAL MOLESTATION, REGARDLESS OF WHETHER OR NOT JAIL TIME WAS SERVED OR ADJUDICATION WAS WITHHELD?_____ IF YES, EXPLAIN_____

_____

HAVE YOU EVER BEEN CONVICTED OF AND/OR PLED "GUILTY" OR "NO CONTEST" TO A FELONY, REGARDLESS OF WHETHER OR NOT JAIL TIME WAS SERVED OR ADJUDICATION WAS WITHHELD?_____ IF YES, EXPLAIN _____

_____

ARE YOU CURRENTLY REGISTERED AS A SEXUAL PREDATOR OR SEXUAL OFFENDER, OR CHARGED WITH (AN) OFFENSE(S) WHICH MAY RESULT IN YOUR REGISTRATION AS A SEXUAL PREDATOR OR SEXUAL OFFENDER, REGARDLESS OF A "NO CONTEST" OR "NOT GUILTY" PLEA? _____ IF YES, EXPLAIN:_____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD OVER THE AGE OF 18 YEARS OLD AN ACTIVE MEMBER OF THE MILITARY? [] YES [] NO ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD OVER THE AGE OF 18 YEARS OLD A MEMBER OF THE U.S. RESERVES? [] YES []NO

RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU):

(1)Name:_____ Relationship:_____ Phone Number:_____
Street Address:_____ City:_____ State:_____ Zip:_____
(2)Name:_____ Relationship:_____ Phone Number:_____
Street Address:_____ City:_____ State:_____ Zip:_____

I hereby agree that all the information provided in this application is true and correct and has not been misrepresented in any way. If I have provided any false information or have misrepresented any of the information in this application, I understand that my application will be denied residency. If the misrepresentation or false information is discovered after a rental agreement has been signed, I understand that my tenancy will be terminated. All persons named in this application may freely give any requested information concerning me and I hereby waive all rights of action for any consequence resulting from such information. I am making a good faith deposit in the amount of $_____ which I understand is conditionally refundable. If I am accepted for residency, this deposit shall be applied to the total security deposit required under the lease agreement. I further understand that if I withdraw my application after 24 hours when screening expenses have been incurred, this good faith deposit will not be refunded. In all other cases, the deposit will be refunded.

_____ _____

Applicant Date

Please have all applicants and cosigner/guarantor's complete and sign form.

APPLICANT (Cosigner/Guarantor) CONSENT

(This language may be incorporated on the property's leasing application)

I hereby consent to allow Harbour Key Apartments, through designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Harbour Key Apartments, and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for an account review purposes and for improving application review methods.

_____Applicant (or Cosigner/Guarantor) Name

_____Date