

## APPLICATION FOR RESIDENCY

MEDIA SOURCE

UNIT DESCRIPTION

PERSONAL										
APPLICANT NAME			AGE	DOB	SS#	APPLICANT MARITAL STATUS				
CO-APPLICANT NAME			AGE	DOB	SS#	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	
						<input type="checkbox"/> SEPARATED				
RESIDENTIAL - List 3 year history. If additional space is needed, attach separate page.						HOME PHONE #				
1	PRESENT ADDRESS <input type="checkbox"/> APARTMENT <input type="checkbox"/> LEASED HOME <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER					STATE		ZIP	HOW LONG	
	STREET ADDRESS			APT.#	CITY					
LANDLORD/MORTGAGEE NAME			ADDRESS		CITY	STATE	ZIP	PHONE		
2	PREVIOUS ADDRESS <input type="checkbox"/> APARTMENT <input type="checkbox"/> LEASED HOME <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER					STATE		ZIP	HOW LONG	
	STREET ADDRESS			APT.#	CITY					
LANDLORD/MORTGAGEE NAME			ADDRESS		CITY	STATE	ZIP	PHONE		
3	PREVIOUS ADDRESS <input type="checkbox"/> APARTMENT <input type="checkbox"/> LEASED HOME <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER					STATE		ZIP	HOW LONG	
	STREET ADDRESS			APT.#	CITY					
LANDLORD/MORTGAGEE NAME			ADDRESS		CITY	STATE	ZIP	PHONE		
OTHER OCCUPANTS: NAME, AGE, DATE OF BIRTH, AND RELATIONSHIP										
All others who will occupy the dwelling:										
Legal Name		Age		D.O.B.		Sex		Relationship		
Legal Name		Age		D.O.B.		Sex		Relationship		
Legal Name		Age		D.O.B.		Sex		Relationship		
EMPLOYMENT / INCOME										
A P P L I C A N T	NAME OF EMPLOYER			ADDRESS (COMPLETE)			EMPLOYMENT INCOME			
	HOW LONG	PHONE	POSITION HELD	SUPERVISOR		PREVIOUS EMPLOYER IF LESS THAN TWO YEARS				
	ANNUAL INCOME FROM OTHER SOURCES									
SOCIAL SECURITY		PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION			ALIMONY	OTHER (LIST SOURCE AND AMOUNT)				
C O A P P L I C A N T	NAME OF EMPLOYER			ADDRESS (COMPLETE)			EMPLOYMENT INCOME			
	HOW LONG	PHONE	POSITION HELD	SUPERVISOR		PREVIOUS EMPLOYER IF LESS THAN TWO YEARS				
	ANNUAL INCOME FROM OTHER SOURCES									
SOCIAL SECURITY		PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION			ALIMONY	OTHER (LIST SOURCE AND AMOUNT)				
MISCELLANEOUS INFORMATION										
A U T O	MAKE	YEAR	COLOR	LICENSE	MAKE	YEAR	COLOR	LICENSE		
	OTHER:			LICENSE #'S / DESCRIPTION						
<input type="checkbox"/> BOAT <input type="checkbox"/> H.V. <input type="checkbox"/> CAMPER <input type="checkbox"/> TRAILER <input type="checkbox"/> MOTORCYCLE										
IN CASE OF EMERGENCY NOTIFY				RELATIONSHIP	ADDRESS (COMPLETE)			PHONE		
WATERBED If yes, (please list insurance company)				PETS If yes: (at full growth)		HEIGHT	WEIGHT	DESCRIPTION	PET FEE(S)	PET DEPOSIT(S)
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO # Pets						

I authorize you to obtain an investigative credit report in connection with this application as well as my landlords and previous employers. This report may include information as to my character/general reputation, personal characteristics and/or mode of living and credit standing. I understand I can request the name of the reporting agency providing this information \_\_\_\_\_ Initial \_\_\_\_\_ Initial

The sum of \$ \_\_\_\_\_ ( ) cash, ( ) check, is deposited. If this application shall be approved, I agree that the money deposited shall apply toward my security deposit in the amount of \$ \_\_\_\_\_, and that I will enter into a lease on your standard form. Should this application be cancelled by applicant after 72 hours, deposit will NOT be refunded. Refunds will be mailed from the home office within 30 days of written notice of cancellation. (A non-refundable application processing fee of \$ \_\_\_\_\_ will be charged the day the application is filled out.)

I understand that the rental rate quoted on this application is only guaranteed for a period of \_\_\_\_\_ days from the date of this application. I further understand that the apartment assigned to me can not be held past the anticipated move in date.

I have read this Application and I hereby state and represent that the information provided by me in this Application is complete and accurate, and I acknowledge and agree that in the event I enter in a lease with \_\_\_\_\_ Apartments that lease may be cancelled by Lessor in the event any of the information provided by me in this Application, or any other document furnished by me, is materially inaccurate or incomplete. I understand that the Rules and Regulations are adopted for the benefit of all tenants and proper operation of the property, and I agree that the tenancy will be subject to them.

I (we) \_\_\_\_\_, hereby apply to lease apartment located at \_\_\_\_\_ commencing \_\_\_\_\_, 20 \_\_\_\_\_, the monthly rental of \$ \_\_\_\_\_ which includes the following:

Basic Rent: \$ \_\_\_\_\_

Pet Fee(s) \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

PM or APM Signature \_\_\_\_\_

Receipt # \_\_\_\_\_ Date Application received \_\_\_\_\_