

# The Village Resort Apartment Homes

## RENTAL APPLICATION

Date of Application \_\_\_\_\_ Apartment Desired \_\_\_\_\_ Date Desired \_\_\_\_\_  
Lease Length Desired \_\_\_\_\_ 6 month \_\_\_\_\_ 12 month \_\_\_\_\_  
Deposit of \$ \_\_\_\_\_ is accepted as security deposit required by the lease. This deposit can be returned to you only if the application is not approved.

LEASE DATE GIVEN IS FINAL AND IN THE EVENT APPLICANT FAILS TO TAKE OCCUPANCY ON DATE GIVEN, PRO-RATED RENT MUST BE PAID FROM THAT DATE.

CONTACT NUMBERS \_\_\_\_\_ (DAY) \_\_\_\_\_ (EVE)

### NAMES OF ALL ADULTS WHO WILL OCCUPY APARTMENT

1) \_\_\_\_\_  
(Last) (First) (MI) (D.O.B.) (SS#)  
2) \_\_\_\_\_  
(Last) (First) (MI) (D.O.B.) (SS#)  
3) \_\_\_\_\_  
(Last) (First) (MI) (D.O.B.) (SS#)

### NAMES OF CHILDREN WHO WILL LIVE IN APARTMENT

1) \_\_\_\_\_  
(Last) (First) (MI) (D.O.B.) (SS#)  
2) \_\_\_\_\_  
(Last) (First) (MI) (D.O.B.) (SS#)  
3) \_\_\_\_\_  
(Last) (First) (MI) (D.O.B.) (SS#)

### PRESENT ADDRESS

NUMBER AND STREET NAME CITY STATE ZIP HOW LONG  
AMOUNT PAID \_\_\_\_\_ / MO  
NAME OF APARTMENT/MORTGAGE HOLDER/LANDLORD PHONE#

### PREVIOUS ADDRESS

NUMBER AND STREET NAME CITY STATE ZIP HOW LONG  
AMOUNT PAID \_\_\_\_\_ / MO  
NAME OF APARTMENT/MORTGAGE HOLDER/LANDLORD PHONE #

### EMPLOYMENT OF ALL ADULTS

ADULT #1: WHERE EMPLOYED \_\_\_\_\_ HOW LONG \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

ADULT #2: WHERE EMPLOYED \_\_\_\_\_ HOW LONG \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

ADULT #3: WHERE EMPLOYED \_\_\_\_\_ HOW LONG \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

SOURCE OF ADDITIONAL INCOME: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ PER \_\_\_\_\_  
CHECKING ACCOUNT: \_\_\_\_\_  
BANK BRANCH CITY ACCT.#

### CURRENT MONTHLY OBLIGATIONS

OWED TO ADDRESS MONTHLY PAYMENT  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

AUTOMOBILE MAKE YEAR COLOR PLATE# STATE  
1) \_\_\_\_\_  
2) \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY & STATE \_\_\_\_\_ PHONE \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US ? (PLEASE CHECK)

\_\_\_ NEWSPAPER \_\_\_ APT. FINDER \_\_\_ APT. GUIDE \_\_\_ APT. BLUE BOOK \_\_\_ DRIVE BY \_\_\_ REFERRAL WHO?  
\_\_\_ CHAMBER OF COMMERCE \_\_\_\_\_ OTHER

PETS: BREED \_\_\_\_\_ NAME \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

### SIGNATURE OF ALL ADULTS TO APPEAR OF LEASE

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. ANY INFORMATION FOUND TO BE FALSE WILL RESULT IN IMMEDIATE REJECTION OF THE APPLICATION.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

KEYS WILL BE RELEASED ON THE DATE OF MOVE-IN AFTER ALL ADULTS HAVE SIGNED THE LEASE

SIGNATURE OF LEASING CONSULTANT \_\_\_\_\_