



# Quail Cove Apartment Homes

## APPLICATION FOR RESIDENCE

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been at above address? If Renting: Current Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Monthly Rent Amount \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address (we do not sell or publish) \_\_\_\_\_

Current Employer or Company Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Phone # \_\_\_\_\_ Starting Date \_\_\_\_\_ Position \_\_\_\_\_

\$ \_\_\_\_\_  
Gross Monthly Wage Amount \_\_\_\_\_ Other Income and Source \_\_\_\_\_

Person to Contact in an Emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### 2<sup>ND</sup> Applicant:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been at above address? If Renting: Current Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Monthly Rent Amount \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address (we do not sell or publish) \_\_\_\_\_

Current Employer or Company Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Phone # \_\_\_\_\_ Starting Date \_\_\_\_\_ Position \_\_\_\_\_

\$ \_\_\_\_\_  
Gross Monthly Wage Amount \_\_\_\_\_ Other Income and Source \_\_\_\_\_

Person to Contact in an Emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Bank and Credit Information**

Checking Account # \_\_\_\_\_ Name of Bank \_\_\_\_\_ Bank Phone # \_\_\_\_\_  
 Visa/MC  Amex  Discover  
Major Credit Card # \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Vehicle Information (The Vehicles(s) you will be parking at the property.)**

Make	Model	Year	Color	License Plate #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Other Occupants: (Other than you, list all persons and/or pet who occupy the apartment.)**

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

  

Type of Pet	Breed	Color	Name	Type of Pet	Breed	Color	Name
_____	_____	_____	_____	_____	_____	_____	_____

**Other Information:**

- 1) Have you ever been evicted from rental housing?  No  Yes - please explain
- 2) Has a landlord ever refused to renew a lease with you?  No  Yes - please explain
- 3) Do you currently have unsettled debts to a landlord?  No  Yes - please explain
- 4) Have you ever been charged with a crime involving theft, drugs, destruction of property, violent behavior, weapons, domestic violence, or sex?  No  Yes - please explain

Applicant's Signature \_\_\_\_\_

2nd Signature \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

2nd Printed Name \_\_\_\_\_

Time & Date \_\_\_\_\_

Time & Date \_\_\_\_\_

## INSURANCE REQUIREMENTS

Your lease contains a financial responsibility requirement. To satisfy that requirement you must provide evidence of insurance coverage that has, at a minimum, personal liability coverage with limits of liability in an amount not less than \$100,000 per occurrence.

As an added service to our residents, the management of this apartment community is working with a leading insurance company to offer you high quality, low cost insurance protection. The eRenterPlan insurance products offer affordable coverage options designed specifically for residents of professionally managed apartment communities. At your option, you may choose to enroll in the program offered to residents of this pre-qualified community, or alternatively, you may secure your own coverage elsewhere.

All eRenterPlan products satisfy the financial responsibility requirements of your lease agreement.

**If you elect to obtain coverage from another insurance carrier you will be required to furnish a copy of your insurance policy including the name of your insurance company, the policy number, and the effective and expiration dates of your policy when you complete the lease transaction. As a resident of this community, is in violation of the lease agreement if coverage is not in place during the term of the lease agreement.**

Signature \_\_\_\_\_  
Signature \_\_\_\_\_

Written information about the insurance programs available to all residents of this community can be obtained at the leasing office. More detailed information can be found at [www.eRenterPlan.com](http://www.eRenterPlan.com).

**Decline:** I/we decline the eRenterPlan insurance program. I/we will obtain my/our own insurance or self insure per the terms of my rental agreement.

X \_\_\_\_\_ Resident's Signature      Date: \_\_\_\_\_

X \_\_\_\_\_ Resident's Signature      Date: \_\_\_\_\_

X \_\_\_\_\_ Resident's Signature      Date: \_\_\_\_\_