



Thank you for choosing us as your new home. Please complete all of the information requested below. Incomplete information will delay the processing of your application: **PLEASE PRINT CLEARLY.**

Date: _____	<b>MOVE IN INFORMATION</b>	<b>RECURRING RENT</b>	<b>DEPOSITS / FEES</b>
Leasing Consultant: _____	Community _____	Base Rent _____	Security Dep. _____
Move-In Concession Amount \$ _____	Address _____	Furn. _____	Pet Dep. _____
	Apt. Type _____	Other _____	App. Fee _____
	Move-In Date _____	Other _____	Prep. Fee _____
	Lease Term _____	<b>Total Monthly Rent Payable \$</b> _____	Other _____

**1) APPLICANT**

<b>A)</b> PRIMARY APPLICANT'S Last Name	First	Middle Init.	Birthdate:	Sex	Social Security #:	
			Marital Status:		D.L. # / State:	
<b>B)</b> CO-APPLICANT'S Last Name	First	Middle Init.	Birthdate:	Sex	Social Security #:	
			Marital Status:		D.L. # / State:	
Other persons to occupy apartment:	<b>C)</b>	FULL NAME	RELATIONSHIP TO APPLICANT	DOB	Do you own any recreation vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Boats <input type="checkbox"/> Campers <input type="checkbox"/> Other:	
	<b>D)</b>	Type and size of Pets: _____				
	<b>E)</b>	Picture of Pet and Owner's Consent Required				Wt. _____ Age _____
	<b>F)</b>					Wt. _____ Age _____

**2) RESIDENCE HISTORY (Minimum 2 years)**

PRIMARY APPLICANT'S Present Address	Apt. #	City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$	Daytime Phone ( )
Name & Address of Present Landlord	City	State	Zip	Dates Occupied? _____ to _____	Landlord Day Phone ( )		
PRIMARY APPLICANT'S Previous Address	Apt. #	City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$	Reason for Leaving:
Name & Address of Previous Landlord	City	State	Zip	Dates Occupied? _____ to _____	Landlord Day Phone ( )		
CO-APPLICANT'S Present Address	Apt. #	City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$	Reason for Leaving:
Name & Address of Previous Landlord	City	State	Zip	Dates Occupied? _____ to _____	Landlord Day Phone ( )		
CO-APPLICANT'S Previous Address	Apt. #	City	State	Zip	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$	Reason for Leaving:
Name & Address of Previous Landlord	City	State	Zip	Dates Occupied? _____ to _____	Landlord Day Phone ( )		
Has applicant(s) ever been evicted? <input type="checkbox"/> No <input type="checkbox"/> Yes: County _____ State _____ Date: Mo. _____ Year _____							

**3) EMPLOYMENT HISTORY (Minimum 1 year - attach separate sheet if necessary)**

PRIMARY APPLICANT Employed By	Department	Supervisor's Name / Co.	Dates: _____ to _____
Address	City	State	Zip
Phone ( )	Position Held / Occupation	Monthly Salary \$	
CO-APPLICANT Employed By	Department	Supervisor's Name / Co.	Dates: _____ to _____
Address	City	State	Zip
Phone ( )	Position Held / Occupation	Monthly Salary \$	
ADDITIONAL INCOME (Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification and verifiable hereunder)			
Source: Amount of \$ _____ per _____ Source _____			

**4) BANK REFERENCES**

Primary Applicant's Bank, Savings & Loan, or Credit Union	Branch	Address	Account #
Co-Applicant's Bank, Savings & Loan, or Credit Union	Branch	Address	Account #
Has applicant(s) ever filed bankruptcy or had any suits, liens, judgements or repossessions? <input type="checkbox"/> No <input type="checkbox"/> Yes: Date _____ County _____ State _____			

**5) VEHICLE INFORMATION**

Primary Applicant's License Plate Number / State	Year	Make	Model	Color
Co-Applicant's License Plate Number / State	Year	Make	Model	Color

**6) EMERGENCY CONTACT**

Primary Applicant's Contact	Relationship	Address	City	State	Zip	Phone ( )
Co-Applicant's Contact	Relationship	Address	City	State	Zip	Phone ( )

Subject to approval by the Agent for the Owner, the undersigned prospective resident agrees to pay an apartment reservation deposit of \$ \_\_\_\_\_ and a non-refundable application fee of \$ \_\_\_\_\_ for the purpose of reserving Apartment# \_\_\_\_\_, beginning (date) \_\_\_\_\_ at a rental rate of \$ \_\_\_\_\_ per month payable monthly on the first day of each month. Upon execution of Lease Agreement (available in advance upon request) this reservation deposit will be applied to the security deposit and additional fees listed will be due. All funds must be certified at move-in. It is understood that any changes hereto must be in writing and signed by each of the undersigned. If your application is cancelled or denied, any refunds may take up to 30 days by mail.

Continued on reverse

**FOR OFFICE USE**

Amount Received	\$ _____
Deposit Receipt #	_____
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Chk <input type="checkbox"/> Cash	
Document # _____	Init. _____



