

Community Name _____

Apt. # _____

Move-in Date _____

Lease Dates: From _____ To _____

Monthly Rent: \$ _____ Monthly Fees: \$ _____

Specials: _____ \$ _____

Leasing Consultant _____ \$ _____

APPLICANT #1

____ Resident/Leaseholder ____ Co-signer/Guarantor

Social Security # _____ Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # Home _____ Work _____

Cell _____

Email _____

Previous Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Employed by _____

Position/Title _____

Salary \$ _____ /monthly or \$ _____ /yearly

Supervisor Name _____

Supervisor Phone _____

Other Income: (Amount) _____

EMERGENCY CONTACT INFORMATION *(Resident/Leaseholders only)*

Name _____ Relationship _____

Phone # (Day) _____ (Evening) _____

Address _____

City _____ State _____ Zip _____

APPLICANT #2

____ Resident/Leaseholder ____ Co-signer/Guarantor

Social Security # _____ Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # Home _____ Work _____

Cell _____

Email _____

Previous Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Employed by _____

Position/Title _____

Salary \$ _____ /monthly or \$ _____ /yearly

Supervisor Name _____

Supervisor Phone _____

Other Income: (Amount) _____

EMERGENCY CONTACT INFORMATION *(Resident/Leaseholders only)*

Name _____ Relationship _____

Phone # (Day) _____ (Evening) _____

Address _____

City _____ State _____ Zip _____

List all other occupants including children. *(All occupants aged 18 years or older must be listed as a Resident/Leaseholder and must sign the application.)*

_____	Date of Birth _____	_____	Date of Birth _____
_____	Date of Birth _____	_____	Date of Birth _____

PET INFORMATION: Do you have a pet? ☐ Yes ☐ No (Pets accepted only with the consent of this property.)

Pet Type _____	Breed _____	Weight _____	Name _____	Color _____
Pet Type _____	Breed _____	Weight _____	Name _____	Color _____

I hereby remit \$ _____ as my promise to execute a lease to be distributed as follows. In consideration of this, Home Properties agrees to reserve _____ until _____.

UNIT # _____ DATE _____

Non-refundable Fees Due Now

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Deposits Due Now

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Total Fees Due Now \$ _____

Total Deposits Due Now \$ _____

In the event I choose not to enter into the lease agreement, I shall waive all rights and forfeit \$ _____.

If this application is declined, \$ _____ will be retained by Home Properties for administrative costs.

If this application is accepted, I shall pay the following standard refundable security deposits and non-refundable fees and enter into a lease agreement prior to the established move-in date.

Non-refundable Fees Due by _____ DATE _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Deposits Due by _____ DATE _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Total Fees Due by _____ DATE _____

\$ _____

Total Deposits Due by _____ DATE _____

\$ _____

In addition, I agree to pay any required additional security deposit and required additional non-refundable fees in order to meet the conditions of approval if this application is approved with conditions.

I consent to allow Home Properties, through its agent and employees, to obtain and verify my credit information, criminal history, investigative consumer report, consumer report, employment, income, and landlord references, for any purpose, including determining whether or not to lease me an apartment. I understand that should I lease an apartment, Home Properties shall have a continuing right to review these items, in addition to my residency application, payment history and occupancy history for account review purposes and for improving application methods. Home Properties may obtain information from any source and may exchange credit information with consumer reporting agencies.

I also affirm that all information in this application is true and complete. I make this representation knowing that if any such information proves false, Home Properties may cancel and annul any lease given in reliance upon such information.

Signature _____ Date _____

Signature _____ Date _____

☐ Approved

\$ _____ total required Deposits(s)

\$ _____ total required Non-refundable Fee(s)

☐ Approved with Conditions *(check condition that applies below):*

a.) ☐ \$ _____ total required standard Deposit(s) plus \$ _____ total required Additional Security Deposit and \$ _____ total required Non-refundable Fee(s)

b.) ☐ Approved with a Co-signer approved through SafeRent

☐ Declined (See SafeRent.)

Initials _____ Date _____

(Attach all verifications and SafeRent decisions.)

LS-003
Rev. 1/10

 **This is an Equal Opportunity community**

MANAGEMENT COPY



Residency Application

Community Name _____

Apt. # _____

Move-in Date _____

Lease Dates: From _____ To _____

Monthly Rent: \$ _____ Monthly Fees: \$ _____

Specials: _____ \$ _____

Leasing Consultant _____ \$ _____

APPLICANT #1

____ Resident/Leaseholder ____ Co-signer/Guarantor

Social Security # _____ Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # Home _____ Work _____

Cell _____

Email _____

Previous Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Employed by _____

Position/Title _____

Salary \$ _____ /monthly or \$ _____ /yearly

Supervisor Name _____

Supervisor Phone _____

Other Income: (Amount) _____

EMERGENCY CONTACT INFORMATION *(Resident/Leaseholders only)*

Name _____ Relationship _____

Phone # (Day) _____ (Evening) _____

Address _____

City _____ State _____ Zip _____

APPLICANT #2

____ Resident/Leaseholder ____ Co-signer/Guarantor

Social Security # _____ Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # Home _____ Work _____

Cell _____

Email _____

Previous Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Employed by _____

Position/Title _____

Salary \$ _____ /monthly or \$ _____ /yearly

Supervisor Name _____

Supervisor Phone _____

Other Income: (Amount) _____

EMERGENCY CONTACT INFORMATION *(Resident/Leaseholders only)*

Name _____ Relationship _____

Phone # (Day) _____ (Evening) _____

Address _____

City _____ State _____ Zip _____

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\$ _____ for _____

\$ _____ for _____

Total Fees Due by _____ DATE _____

\$ _____

Deposits Due by _____ DATE _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Total Deposits Due by _____ DATE _____

\$ _____

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