APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE

Address of Premises Applied For:

Applicant's Name:	Social Security #:	Date of Birth:

List all persons who will occupy leased premises in addition to the Applicant completing this application:

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

Street Number/Name	Apt. Number	City/State	Zip		
Current Address:				☐ Rent ☐ Own	Since
Home Telephone: ( )		Business Telephone: ( )			
Apartment Community/Mortgage Company	Address	City/State	Zip	Telephone ( )	Monthly Payment $

Street Number/Name	Apt. Number	City/State	Zip		
Previous Address:				☐ Rent ☐ Own	Since
Apartment Community/Mortgage Company	Address	City/State	Zip	Telephone ( )	Monthly Payment $

Name	Business Address	Telephone
Present Employer:		( ) Ext.

Position:	Supervisor:	Gross Monthly Income:	Since:

Name	Business Address	Telephone
Previous Employer:		( ) Ext.

Position:	Supervisor:	Gross Monthly Income:	Since:

Other Sources of Monthly Income:

	Name	Full Address	Zip	Telephone
Nearest Relative:				( )
Personal Reference:				( )
Emergency Contact:				( )

Driver's License Number:	Automobile Year/Make/Model/Color	License Plate Number	Automobile Year/Make/Model/Color	License Plate Number

PARKING IS RESTRICTED. CHECK RESIDENTIAL OCCUPANCY STANDARDS FOR DETAILS...

	Name	City/State	Account Number	Telephone
Bank Reference:				( )

	Type(Breed)	Weight/Age:	Type(Breed)	Weight/Age
Pets:				

OCCUPANCY DATE REQUESTED:	DESIRED TERM OF LEASE:	Non- Refundable: Application Fee $25.00 per Applicant

All persons and entities identified above, and any court (including any state or county office maintaining criminal and sexual offense records) or credit information service are hereby authorized to release any requested information concerning me/us, in furtherance of consideration of my/our application and/or in subsequent attempts to collect unpaid obligations arising under a residency established hereunder. I/we hereby waive all rights of action for any consequences resulting from the release of such information. I/we further certify that I/we have read and agree to all entries made hereon and acknowledge that I/we have received a copy of same. I/we do further agree to comply with all of the provisions hereof. Management reserves the right to deny application if false information is provided hereon.

APARTMENT DEPOSIT AGREEMENT: I/We have paid a $ _____ holding deposit with Management in connection with this application for residency. If Management declines this application for any reason, Management will refund the holding deposit. The application fee in the amount of $_____ is non-refundable.

I HAVE READ AND AGREE TO THE ABOVE:

APPLICANT'S SIGNATURE DATE

COMMUNITY AGENT DATE RECEIVED

APPROVED BY DATE

(Revised: 3/1/07, Supercedes: 9/10/04)

NOTES:

NOTE TO APPLICANT: IF MAILING THIS APPLICATION, PLEASE MAIL TO: