



# MILLS PROPERTIES, INC. APPLICATION FOR RESIDENCY



The undersigned applicant(s) hereby applies for and offers to execute a Lease as provided by Mills Properties, Inc. (hereinafter Lessor). The undersigned applicant(s) warrants that the statements contained herein are true. The purpose of this application is to assist Lessor in deciding whether to rent to applicant(s). Receipt of this application by Lessor does not obligate Lessor to deliver occupancy of any apartment.

Apartment Address: \_\_\_\_\_ Date: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rent: \_\_\_\_\_ Term: \_\_\_\_\_

Number of persons who will occupy the apartment: \_\_\_\_\_

### Applicant Information: (please print)

Name (1) \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
First Middle Last MO Day Yr.

Name (2) \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
First Middle Last MO Day Yr.

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business Ext.

Present Address \_\_\_\_\_  
Street City State/Zip Length of Residency

(A) Present Landlord \_\_\_\_\_  
Name Apt. Community Phone Mo. Payment

(B) Home Mortgage \_\_\_\_\_  
Mortgagor Address Phone Mo. Payment

Previous Address (1) \_\_\_\_\_  
Street City State/Zip Length of Residency

Previous Landlord \_\_\_\_\_  
Name Apt. Community Phone Mo. Payment

Reason for Moving \_\_\_\_\_

Previous Address (2) \_\_\_\_\_  
Street City State/Zip Length of Residency

Previous Landlord \_\_\_\_\_  
Name Apt. Community Phone Mo. Payment

Reason for Moving \_\_\_\_\_

Driver's License Number (1) \_\_\_\_\_ Drivers License Number (2) \_\_\_\_\_

Automobiles \_\_\_\_\_  
License # State Color Make/Model Year  
License # State Color Make/Model Year

### Other Persons to Occupy Apartment:

Name	Relationship	Date of Birth	Sex	Soc. Sec #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you own any pets Yes  No  If Yes, Breed \_\_\_\_\_ Weight \_\_\_\_\_  
Do you own a waterbed Yes  No  If Yes, waterbed insurance is required.

### Employment: (1) (2)

Present Employer	Present Employer
Address _____	Address _____
Telephone ( ) _____	Telephone ( ) _____
Date of Hire _____	Date of Hire _____
Position _____	Position _____
Name of Supervisor _____	Name of Supervisor _____
Gross Monthly Income _____	Gross Monthly Income _____
Other Income Source _____ \$	Other Income Source _____ \$
Previous Employer _____	Previous Employer _____
Address _____	Address _____
Telephone ( ) _____	Telephone ( ) _____
Date of Hire _____	Date of Hire _____

### Financial Reference:

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Checking  Savings   
Bank \_\_\_\_\_ Account # \_\_\_\_\_ Checking  Savings

(1)

Have you ever been sued? Yes  No

Are you in a legal suit now? Yes  No

Are there any outstanding judgements against you? Yes  No

Have you declared bankruptcy within 7 years? Yes  No   
 If Yes, when in the past 7 years? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No   
 If Yes, describe: \_\_\_\_\_

If you answered yes to any of the above, indicate when such action was taken, where, (city and street address), by whom, for what reason and the outcome of the action.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2)

Have you ever been sued? Yes  No

Are you in a legal suit now? Yes  No

Are there any outstanding judgements against you? Yes  No

Have you declared bankruptcy within 7 years? Yes  No   
 If Yes, when in the past 7 years? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No   
 If Yes, describe: \_\_\_\_\_

If you answered yes to any of the above, indicate when such action was taken, where, (city and street address), by whom, for what reason and the outcome of the action.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Telephone, Cell Phone or Pager Number

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Telephone, Cell Phone or Pager Number

**Each applicant agrees and represents that:**

- I hereby apply for and offer to lease the apartment described herein for the lease term stated, the rental rate and upon the terms and conditions set forth herein and in Lessor's standard lease form. I warrant that all of the representations in this application are true and correct. The actual date of possession is subject to the vacation of premises by prior tenant, if any, and completion of necessary repairs or remodeling.
- Applicant(s) agrees to sign a \_\_\_\_\_ month lease commencing \_\_\_\_\_, 20\_\_\_\_ at a rental of \$ \_\_\_\_\_ monthly in the apartment unit number known as: \_\_\_\_\_. I understand that occupancy of the apartment is limited to persons listed above as "Number of persons who will occupy apartment". I understand that if children are occupants of the premises, it is my responsibility to supply adequate supervision at all times.
- Simultaneously with the execution of the application I am making a deposit in the sum of \$ \_\_\_\_\_, plus a non-refundable fee of \$ \_\_\_\_\_, plus a \$ \_\_\_\_\_ charge for running a "consumer report", it being understood that the charge for the consumer report is not refundable. I agree to execute a lease within \_\_\_\_\_ days of being notified that my report is acceptable and the apartment is available to occupy. (Failure to execute a lease will cause Applicant's deposit to be forfeited as liquidated damages.) Upon execution of the lease by me, it is understood that this deposit will be retained by the Lessor and applied to the Security Deposit under the terms and conditions contained in the lease. It is further understood that at the time I execute the lease on the premises, I will pay the first month's rent and the balance of the Security Deposit. In the event possession is given after the 20<sup>th</sup> of the month, it is understood that at the time of execution of the lease, I will pay the pro rate share of rent through the end of the current month, plus the full rent for the following month.
- I agree that the lessor may retain said deposit as liquidated damages for its costs and expenses, and not as a penalty, if any of the representations made by me herein are false. I further agree that my deposit is non-refundable (except for the provision of paragraph 5 herein) and the deposit will be retained if I do not execute a lease for the apartment described herein (or any other apartment mutually agreed upon).**
- I understand that Lessor will refund said deposit to me within 30 days if the apartment specified (or any other apartment mutually agreed upon) is not available, or if this application is rejected by the Lessor for any reason.
- I understand that I acquire no rights on any apartment until I sign a lease in the form submitted to me; until all monies are paid to the Lessor as set forth above; and the lease is executed by the Lessor.
- Applicant(s) hereby authorizes Lessor to procure a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. 1681 a(d), seeking information on the credit-worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living of applicant(s). I also agree and understand that Lessor may obtain additional consumer reports on me in the future to update or review my account.
- I understand that my application may be rejected if during the investigation there are found to be judgements, lien(s) or bankruptcy in my personal credit history.
- I hereby authorize Lessor to obtain information it deems desirable in the processing of my application for residency, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Lessor, its employees and agents from all liability for any damage whatsoever incurred from furnishing or obtaining such information.

Signature (1) \_\_\_\_\_ Date \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

**(For Office Use Only)**

**Application Review**

- A. Credit Retriever Report In File \_\_\_\_\_
- B. Income Verification Completed \_\_\_\_\_ Verification Provided: \_\_\_\_\_ Pay Stub \_\_\_\_\_ Employment Letter/Contract \_\_\_\_\_

Application Taken By: \_\_\_\_\_ Date: \_\_\_\_\_ Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Rejected By: \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_\_

Rejection Letter Mailed By: \_\_\_\_\_ Date: \_\_\_\_\_

**REGULAR MONTHLY CHARGES:**

Monthly Rent \_\_\_\_\_

Pet \_\_\_\_\_

Washer and Dryer \_\_\_\_\_

Parking \_\_\_\_\_

Other \_\_\_\_\_