

## **APPLICATION FOR RESIDENCY**

|                                     | partment # edrooms ec. Dep ime | Animal Rent Animal Fee (nor Other Other Security Deposit TOTAL AMOUN Administration Fee □ Cash □ Che Less Holding Fee BALANCE DUE | days @ \$ per day n-refundable)  t  IT DUE fee (non-refundable) (non-refundable) eck | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
|-------------------------------------|--------------------------------|---|--|--|
| APPLICANT INFORMATION               |                                | SE PRINT  | a separate application   | ,                                      |
|                                     |                                |   |  |  |
| Name: First                         |                                |   |  |  |
| Phone Number ()                     |                                |   | er ()  |  |
| Date Of Birth                       |                                | Email Address   |  |  |
| Social Security #                   |                                | Driver's License  | #  |  |
| Address                             |                                | City  | State  | Zip                                    |
| Landlord/Mortgage Company           |                                | Phone Number  | ()   |  |
| Dates of Residency: From            | To                             | Monthly Paymer  | nt \$  |  |
| Previous Address                    |                                | City  | State  | Zip                                    |
| Bank                                |                                | Checking Acct #   | Savings  | Acct #                                 |
| OCCUPANT INFORMATION                |                                |   |  |  |
| LIST EACH PERSON OTHER THAN AN APPL | ICANT THAT WILL OCCUPY TH      | IE PREMISES   |  |  |
| Name                                | DOB                            |   | RELATIONSHIP   |  |
| Name                                | DOB                            |   | RELATIONSHIP   |  |
| Name                                |                                |   | RELATIONSHIP   |  |
| Name                                |                                |   | RELATIONSHIP   |  |
| Name                                |                                |   | RELATIONSHIP   |  |
| ANIMAL INFORMATION (Animals acce    | pted only with the consent of  | Management)   |  |  |
| Breed Weig                          | ht                             | Breed   |  | Weight                                 |



| EMPLOYMENT/II                              | NCOME                       |                           |                 |                  |                      |                       |  |  |
|--|-----------------------------|---------------------------|-----------------|------------------|----------------------|-----------------------|--|--|
| Current Employer                           |                             |                           | Phone Number () |                  |                      |                       |  |  |
| Address                                    |                             |                           | City            |                  | State                | Zip                   |  |  |
| Occupation                                 |                             | How long y                | ears            | months Gro       | ss Monthly Income \$ |                       |  |  |
| Other Monthly Inco                         | ome \$ □ Re                 | etirement Pension   SSI   | □ Disab         | oility   Child   | Support □ Alimony    | ☐ Student ☐ Other     |  |  |
| Previous/Second E                          | Employer                    |                           |                 | Phone Numbe      | er ()                |                       |  |  |
| Address                                    |                             |                           | City            |                  | State                | Zip                   |  |  |
| Occupation                                 |                             | How long ye               | ears            | months Gro       | ss Monthly Income \$ |                       |  |  |
| AUTOMOBILE IN                              | IFORMATION                  |                           |                 |                  |                      |                       |  |  |
| Make                                       | Model                       | Color                     |                 | Year _           | Plate Num            | Plate Number          |  |  |
| Make                                       | Model                       | Color                     |                 | Year _           | Plate Num            | ber                   |  |  |
| EMERGENCY CO                               | ONTACT                      |                           |                 |                  |                      |                       |  |  |
| Name                                       | Relationship                |                           |                 |                  | _ Phone Number ()    |                       |  |  |
| Address                                    |                             |                           |                 |                  |                      | _ Cell Number ()      |  |  |
| PERSONAL REF                               | ERENCES                     |                           |                 |                  |                      |                       |  |  |
| Name                                       |                             | Address                   |                 |                  |                      | _ Phone Number ()     |  |  |
| Name                                       |                             | Address                   |                 |                  | Phone Number (       | )                     |  |  |
| OTHER INFORM                               | ATION                       |                           |                 |                  |                      |                       |  |  |
|  |                             | ton property? ☐ Yes ☐ N   |                 |                  |                      |                       |  |  |
|  |                             | □ No If so, when?         |                 |                  |                      |                       |  |  |
| Have you ever had                          | I or been exposed to bed    | bugs? □ Yes □ No If so,   | how was         | it addressed?    |                      |                       |  |  |
| Have you or any o                          | ccupant ever been convic    | ted of a misdemeanor? □   | Yes □ N         | o If yes, Name   | e: Ch                | arge:                 |  |  |
| Have you or any o                          | ccupant ever been convic    | ted of a felony? □ Yes □  | No If yes       | , Name:          | Ch                   | arge:                 |  |  |
| Do you or any occu                         | pant currently have crimina | ıl charges pending? □ Yes | □ No If         | yes, what?       |                      |                       |  |  |
| Public records disc<br>cause for denial of |                             | and misdemeanor convicti  | ions of the     | e applicant or t | heir occupants over  | 18 years old could be |  |  |
| Do you have Home                           | e Owner/Renter's Insuran    | ce? ☐ Yes ☐ No If so, Na  | ame of Ins      | surance Comp     | any                  |                       |  |  |
| How did you hear o                         | of this community?          |                           |                 |                  |                      |                       |  |  |
| APPLICANT ACK                              | KNOWLEDGEMENT               |                           |                 |                  |                      |                       |  |  |

APPLICANT REPRESENTS AND WARRANTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND AUTHORIZES VERIFICATION OF ABOVE INFORMATION, REFERENCES, CREDIT RECORDS AND CRIMINAL CHECKS AT ANY TIME PRIOR TO OR DURING OCCUPANCY, AND/OR UPON MOVE OUT. APPLICANT ACKNOWLEDGES THAT THE INCLUSION OF ANY FALSE INFORMATION HEREIN SHALL CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, TERMINATION OF ANY LEASE AGREEMENT AND RIGHT OF OCCUPANCY, AND/OR FORFEITURE OF THE DEPOSIT. APPLICANT HEREBY RELEASES OWNER/MANAGER, HIS/HER EMPLOYEES AND AGENTS, AND ANY FIRM OR PERSON SUPPLYING THEM WITH INFORMATION FROM ANY LIABILITY WHATSOEVER CONCERNING THE RELEASE OR USE OF THIS INFORMATION AND WILL HOLD THEM ALL HARMLESS FROM ANY SUIT OR REPRISAL WHATSOEVER. ALL HOLDERS OF ANY SUCH INFORMATION ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL SUCH INFORMATION THEY HAVE CONCERNING APPLICANT.

ANY MONIES PAID IN CONJUNCTION WITH THIS APPLICATON ARE NON-REFUNDABLE. Landlord shall not be liable to applicant should current resident hold over past anticipated vacate date.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

