

APPLICATION FOR OCCUPANCY

PERSONAL (please print)

APPLICANT NAME	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
CO-APPLICANT/SPOUSE	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
NUMBER & STREET	APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS	
CITY/STATE/ZIP	CO-APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS	
OTHER OCCUPANTS NAME	RELATIONSHIP	SOCIAL SECURITY NO.	HOW MANY BEDROOMS ARE YOU REQUESTING? _____	

Does your household require any accessibility features? Yes No Describe: _____

Does your household have any reasonable accommodation requests? Yes No Describe: _____

INCOME (If more than 3 sources of income attach additional sheet.)

CURRENT SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE ZIP	MONTHLY INCOME
2ND SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE ZIP	MONTHLY INCOME
3RD SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE ZIP	MONTHLY INCOME

RESIDENCE HISTORY

PRESENT LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE ZIP	MONTHLY RENT / MORTGAGE
PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE ZIP	MONTHLY RENT / MORTGAGE
IN CASE OF EMERGENCY NOTIFY (other than occupant)	TELEPHONE	DO YOU HAVE ANY PETS? IF SO, SPECIFY (type, breed, adult weight)	

HOW DID YOU HEAR ABOUT OUR COMMUNITY?

- | | |
|---|--|
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> DRIVE BY |
| <input type="checkbox"/> YELLOW PAGES | <input type="checkbox"/> DIRECT MAIL |
| <input type="checkbox"/> APARTMENT GUIDES | <input type="checkbox"/> REFERRED BY _____ |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> OTHER _____ |



(PLEASE SEE REVERSE SIDE)



APPLICATION FOR OCCUPANCY Continued

Applicant has submitted the sum of \$ _____ which is nonrefundable payment for a credit check, and/or criminal conviction check. _____

Applicant Initials

I hereby deposit \$ _____ with Management as a good faith deposit in connection with this application. If application is approved and tenancy taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund this good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. _____

Applicant Initials

I (we) certify that the preceding information is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Management's immediate cancellation of our application. I (we) also authorize Management to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information which Management may require to evaluate this application.

WHAT DATE WOULD YOU LIKE TO MOVE IN? _____

APPLICANT

DATE

CO-APPLICANT/SPOUSE

DATE

MANAGEMENT AGENT

DATE AND TIME

<p>REASON APPLICATION DECLINED:</p> <p><input type="checkbox"/> Unfavorable credit check</p> <p><input type="checkbox"/> Unfavorable criminal conviction history</p> <p><input type="checkbox"/> Unfavorable report from previous landlord</p> <p><input type="checkbox"/> Incorrect information</p> <p><input type="checkbox"/> Number of occupants</p> <p><input type="checkbox"/> Other _____</p>

MONIES DELIVERED WITH THIS APPLICATION	
Deposit	\$ _____
Credit Check Fee	\$ _____
Pet Fee / Deposit	\$ _____
Other	\$ _____
TOTAL	\$ _____

Approved or Declined By _____ Date _____

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

Application Update(s)	
Office Use Only:	Date: _____
Date: _____	New Information: _____

