

Application For Residency

Property Information

Address:	Rent: \$	Deposit: \$
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Applicant History

Applicant's Full Name (Last, First, Middle Initial) Jr/Sr		Date Of Birth	Social Security Number
Phone Number (Home)	Phone Number (Cell)	Email	Drivers License #
Name Of Co-Applicants (Separate Application Required For Each Co-Applicant)			
(Last, First, Middle Initial)	(Last, First, Middle Initial)	(Last, First, Middle Initial)	

Applicant's Present Address	City	Zip	Dates: From - To
Monthly Payment \$	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Apartment <input type="checkbox"/> House
Present Landlord's Name	Address	City	Zip Phone #

Applicant's Prior Address	City	Zip	Dates: From - To
Monthly Payment \$	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Apartment <input type="checkbox"/> House
Prior Landlord's Name	Address	City	Zip Phone #

Proposed Occupants

1 - (Last, First, Middle Initial)	Date Of Birth	Does This Applicant Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 - (Last, First, Middle Initial)	Date Of Birth	Does This Applicant Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
3 - (Last, First, Middle Initial)	Date Of Birth	Does This Applicant Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
4 - (Last, First, Middle Initial)	Date Of Birth	Does This Applicant Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment

Current Employer (If self-employed, name of business) Business Address			
Position	Type Of Business	Dates: To - From	Monthly Income
Supervisor	Supervisor Phone #	Other Income	Source:

Prior Employer (If self-employed, name of business) Business Address			
Position	Type Of Business	Dates: To - From	Monthly Income
Supervisor	Supervisor Phone #	Other Income	Source:

Financial Info

Checking: Bank and Branch (Include City/State)	Account #
Savings: Bank and Branch (include City/State)	Account #
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	County/State where filed: _____ What year? _____
Have you or any proposed occupant ever:	
Been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____
Been evicted from a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____
Defaulted on a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____

Personal Info

In case of emergency, please notify: (local name, address, & number)	Relationship:
Auto Make: _____ Model: _____ Year: _____	License Plate #: _____ State: _____
Reason for relocation?	Do you have renter's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature: _____ Date: _____

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PLEASE READ AND SIGN

Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms, if any.

NON REFUNDABLE APPLICATION FEE - Applicant(s) has paid to Landlord and/or Management company herewith the sum of \$ _____ as a NON REFUNDABLE APPLICATION FEE for costs, expenses and fees in processing the application.

GOOD FAITH DEPOSIT AGREEMENT - Applicant has deposited a "GOOD FAITH DEPOSIT" of \$ _____ in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Landlord and/or Management and the lease is entered into and possession of the property is taken the "GOOD FAITH DEPOSIT" shall be applied towards the security deposit. If applicant is approved, but fails to enter into the lease within 3 (three) days of verbal and/or written approval and/or take possession after lease signing, the FULL "GOOD FAITH DEPOSIT" shall be forfeited to the Landlord or Management in addition to any penalties in the lease if the lease has been signed by the applicant. The "GOOD FAITH DEPOSIT" shall be refunded only if the applicant is not approved.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED

Applicant Signature

Date

Applicant is:

Approved

Approved with Conditions: _____

Denied due to: _____

By: _____ Date: _____

Property Manager

Spoke with _____ on _____ at _____ am/pm to inform them of the status of their application of residency.

Agent:

Print

Signature