



APPLICATION FOR APARTMENT RESIDENCY

(Separate application required for all adults, except spouse)

1. Date: _____

2. Desired Date of Occupancy: _____

3. Name: _____ Married: ___ Single: ___ Date of Birth: _____

Social Security Number: _____ Present Zip Code: _____

4. Spouse's Name: _____ Date of Birth: _____ Social Security Number: _____

5. List of People Who Will Occupy Apartment:

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Will a pet of any type live in your apartment? Yes ___ No ___

If yes, please describe:

TYPE/BREED: _____ WEIGHT/HEIGHT: _____

SPAYED/NEUTERED: _____ LICENSED/DATE: _____

7. Do you have renter's insurance? Yes ___ No ___ If yes, name of Insurance Carrier: _____

8. RESIDENCE INFORMATION:

Present Address: _____ Apt. No.: _____

City: _____ State: ___ Zip: _____ Phone Number: _____ Fax: _____

Rent/Mortgage Amount: _____ How Long: ___ yrs ___ mths.

Name of Apartment Community/Mortgage Company or Landlord: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone Number: _____ Fax Number: _____

Reason for Leaving: _____

Previous Address: _____ Apt. No.: _____

City: _____ State: ___ Zip: _____ Phone Number: _____ Fax: _____

Rent/Mortgage Amount: _____ How Long: ___ yrs ___ mths.

Name of Apartment Community/Mortgage Company or Landlord: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone Number: _____ Fax Number: _____

Reason for Leaving: _____

9. Person to notify and person you authorize to take possession of your personal property in case of emergency:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone Number: _____ (home) _____ (work/cell)

10. Have you or your spouse ever been evicted? Yes ___ No ___

11. Have your or your spouse ever declared bankruptcy? Yes ___ No ___

If yes, dismissal or discharge date: _____

12. Are you or your spouse currently engaged in a criminal activity? Yes _____ No _____

If yes, please explain: _____

13. Have you or your spouse ever been convicted of a crime involving persons or property? Yes _____ No _____

If yes, please explain: _____

14. Do you or your spouse have any outstanding warrants for arrest? Yes _____ No _____

15. Do you or your spouse use illegal drugs? Yes _____ No _____

16. EMPLOYMENT AND FINANCIAL INFORMATION:

Current Employer: _____ Phone Number _____ ext. _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Gross Monthly Income: _____ Supervisor: _____

Telephone number of Supervisor: _____ ext. _____ Fax Number: _____

Previous Employer: _____ Phone Number _____ ext. _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Gross Monthly Income: _____ Supervisor: _____

Telephone number of Supervisor: _____ ext. _____ Fax Number: _____

Spouse's Employer: _____ Phone Number _____ ext. _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Gross Monthly Income: _____ Supervisor: _____

Telephone number of Supervisor: _____ ext. _____ Fax Number: _____

17. Other Source of Income for Rental Payments: _____ Amount: _____

18. Your Driver's License No.: _____ State: _____ Expiration: _____

Spouse's Driver's License No.: _____ State: _____ Expiration: _____

Vehicles you would like to park on property:

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE NUMBER	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, credit and criminal records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Applicant acknowledges that discovery of false or misleading information after move-in could result in immediate eviction or provide cause to convert the proposed Rental Agreement to a month-to-month term.

Applicant understands that if the Application is NOT approved, all deposits, excluding any application fees, will be refunded (14-day delay required for bank clearance of check). Applicant also understands that if applicant WITHDRAWS Application after a 24-hour period, a cancellation fee will be deducted from the holding deposit.

Be advised that management and management's employees are agents of and represent the owner.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

How did you hear about us?

Referral _____ For Rent _____ Apartment Guide _____ Drive By _____ Internet _____ Other _____