

## APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE

COMMUNITY: _____	Address Applied For: _____
Date of Application: _____	

NAME:	LAST	FIRST	MI	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #
SPOUSE	LAST	FIRST	MI	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #
MARITAL STATUS	PRESENT PHONE NO. ( ) ( )		DAYTIME CONTACT NO. ( ) ( )		PETS:	BREED WT AGE
ADDITIONAL OCCUPANTS	NAME:			DATE OF BIRTH	SOCIAL SECURITY #	
	NAME:			DATE OF BIRTH	SOCIAL SECURITY #	
PRESENT ADDRESS	STREET	NAME:	APT #	CITY	STATE	ZIP
						OWN <input type="checkbox"/> RENT <input type="checkbox"/>
						SINCE / /
LANDLORD MTG.CO	NAME: ADDRESS			CITY	STATE	ZIP
						PHONE NO. ( ) MO PAYMENT
PREVIOUS ADDRESS	STREET	NAME:	APT #	CITY	STATE	ZIP
						OWN <input type="checkbox"/> RENT <input type="checkbox"/>
						SINCE / /
LANDLORD MTG.CO	NAME: ADDRESS			CITY	STATE	ZIP
						PHONE NO. ( ) MO PAYMENT
PREVIOUS ADDRESS	STREET	NAME:	APT #	CITY	STATE	ZIP
						OWN <input type="checkbox"/> RENT <input type="checkbox"/>
						SINCE / /
LANDLORD MTG.CO	NAME: ADDRESS			CITY	STATE	ZIP
						PHONE NO. ( ) MO PAYMENT
* Minimum three years resident history required				HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES?		

APPLICANT	PRESENT EMPLOYER	NAME:	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #
		POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / / TO: / /
	PREVIOUS EMPLOYER	NAME:	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #
		POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / / TO: / /
SPOUSE/ROOMMATE	PRESENT EMPLOYER	NAME:	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #
		POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / / TO: / /
	PREVIOUS EMPLOYER	NAME:	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #
		POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / / TO: / /
* Minimum two years employment history required							

NEAREST RELATIVE	NAME	FULL ADDRESS	ZIP	PHONE #		
EMERGENCY CONTACT	NAME	FULL ADDRESS	ZIP	PHONE #		
AUTO	YEAR	MAKE	MODEL	COLOR	TAG#	PERSONAL DRIVERS LICENSE #
AUTO	YEAR	MAKE	MODEL	COLOR	TAG#	SPOUSE/ROOMMATE DRIVERS LICENSE #
RECREATIONAL OR UTILITY VEHICLES						

PLEASE COMPLETE THE OTHER SIDE

COMMUNITY: \_\_\_\_\_ Address Applied For: \_\_\_\_\_  
 NAME OF APPLICANT: \_\_\_\_\_ Date of Application: \_\_\_\_\_

SAVINGS ACCOUNT	BANK NAME:	LOCATION	CITY	ACCOUNT NUMBER	AMOUNT OF ASSETS
CHECKING ACCOUNT	BANK NAME:	LOCATION	CITY	ACCOUNT NUMBER	AMOUNT OF ASSETS
CREDIT CARD #2	NAME:	CREDIT CARD #1	NAME:		

**GENERAL INFORMATION:**

\* Have you ever been convicted of a felony? \* YES \_\_\_\_\_ NO \_\_\_\_\_

\* Have you ever been convicted of a drug related crime? \* YES \_\_\_\_\_ NO \_\_\_\_\_

\* If yes, please explain: \_\_\_\_\_

**RESIDENTS STATEMENT:** The information on this form is used to determine anticipated income for approved occupancy. I have provided either an Employer's Verification of current anticipated annual income for each person set forth above or copies of their most recently federal income tax returns. I certify that the statements above are true and complete to the best of my knowledge and belief. I hereby authorize verification of the above information, references, credit records and criminal background search. I acknowledge that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of any deposit and may constitute a criminal offense under the law of this state.

All persons and/or firms named may freely give any requested information concerning me and hereby waive all right of action for any consequences resulting from such information.

The application fee of \$25.00 is non-refundable. If this application is approved I understand that this amount will not be applied toward any payment due at the time of move-in. If I cancel moving into the apartment, I will not receive this fee back. If this application is denied for any reason I will not receive this fee back. If I cancel on this apartment, and then come back on a later date to apply for the same apartment or a different apartment, I must pay another application fee at that time.

FOR OFFICE USE ONLY	RENTAL FEES TO BE CHARGED	OCCUPANCY DATED REQUESTED
	Monthly Apartment Rental \$ _____ Additional Rental: \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ Total monthly rental charges \$ _____ Applicant offers to lease the premises for a term of _____ months.	First month Total Rental Charges (pro-rated) \$ _____ (Subject to change depending on move-in date) Non-refundable Application Fee \$ _____ Non-refundable Pet Fee \$ _____ Security Deposit \$ _____ <b>Estimated balance due on the move in date of _____ \$ _____</b>

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED

\_\_\_\_\_  
 Applicant's Signature Date \_\_\_\_\_ Leasing Agent Date \_\_\_\_\_

\_\_\_\_\_  
 Spouse/Roommate Signature Date \_\_\_\_\_

