

APPLICATION FOR RESIDENCY

Community _____ Date _____
 Type of Apartment Desired: Studio _____ 1Br _____ 2Br _____ 3Br _____ Townhouse _____ Other _____
 Date Occupancy Desired: _____ Furnished _____ Unfurnished _____ Misc. Charges _____

NOTE: ALL ADULTS TO OCCUPY APARTMENT MUST SIGN THE LEASE

APARTMENT OCCUPANTS

Name (Head of Household)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Social Security #
Work phone:	Home Phone:				
Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Social Security #
Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Social Security #
Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Social Security #
Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Social Security #

IN CASE OF EMERGENCY - NOTIFY: (NEAREST RELATIVES OR FRIEND NOT LIVING WITH YOU)

Name	Address	City/State/Zip Code	Phone	Relationship
Name	Address	City/State/Zip Code	Phone	Relationship

In the event of serious illness or death of resident, is the person listed as emergency contact herein authorized to enter the apartment and remove all contents?

_____ Yes _____ No
 (initial) (initial)

COMPLETE THE FOLLOWING WHERE APPLICABLE

EMPLOYMENT

Present Employer (name of company)	Address	City/State/Zip Code	
	Bus. Phone	How long?	Monthly Adjusted Gross Income
Former Employer	Address	City/State/Zip Code	
	Bus. Phone	How long?	Monthly Adjusted Gross Income
Spouse Employer	Address	City/State/Zip Code	
	Bus. Phone	How long?	Monthly Adjusted Gross Income

RESIDENCE HISTORY

Present Address	Apt./Landlord/Mortgage/Name	Phone	How long?	Monthly Payments \$	Reason Moving From Present Address	<input type="checkbox"/> Job Transfer <input type="checkbox"/> Better Location <input type="checkbox"/> Price <input type="checkbox"/> Management <input type="checkbox"/> Maintenance <input type="checkbox"/> Other
Former Address	Apt./Landlord/Mortgage/Name	Phone	How long?	Monthly Payments \$		

BUSINESS REFERENCES

Bank (s)	Name	Address	City/State/Zip Code
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Type of Accounts: Checking # Savings # Name on Account

Name Address City/State/Zip Code

Type of Accounts: Checking # Savings # Name on Account

Savings & Loan	Name	Address	City/State/Zip Code
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Type of Accounts: Checking # Savings # Name on Account

Credit Reference	Name	Address	City/State/Zip Code
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Type of Accounts: Checking # Savings # Name on Account

Name Address City/State/Zip Code

Type of Accounts: Checking # Savings # Name on Account

AUTO (S) - MOTORCYCLE - BOAT - BICYCLE - PET

Drivers' License # _____ State: _____			Spouses' Driver License # _____ State: _____			
Auto (s) :	Make _____	Year _____	License Plate # _____	Make _____	Year _____	License Plate # _____
Motorcycle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boat:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bicycle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pet type: _____ Weight (when mature) _____

GENERAL

Owner and Agent carry no insurance on the personal property or vehicle of residents. You should purchase a renter's insurance on your personal property.

Have you or your spouse ever filed bankruptcy? No Yes When? _____

Do you own furniture to be moved into apartment? Yes No Do you have any waterbeds? Yes No

Where did you first hear of our apartments? _____

Resident Referral _____ Word of Mouth _____ Passed-By _____ Newspaper _____ Yellow Pages _____ Other _____

I hereby agree that the preceding information provided by me is true and correct and that should any information represented herein be incorrect, that at the sole option of Lessor, any subsequent agreement may be canceled. I also agree that my credit may be checked through all sources including the credit bureau.

DO NOT FILL IN - OFFICE USE ONLY

RESIDENT MANAGER CHECK LIST	
Application Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>
Lease Executed <input type="checkbox"/>	
Record Cards: Expiration Date <input type="checkbox"/>	Security Deposit <input type="checkbox"/>
Utility Set-Up: Electric <input type="checkbox"/>	Gas <input type="checkbox"/>
Rent Paid in Full <input type="checkbox"/>	
Security Deposit Paid in Full <input type="checkbox"/>	
Address _____	
Move in Date _____	

Signature _____ Date _____

Signature _____ Date _____

Applicant

Signature _____ Date _____

Applicant