



# APPLICATION FOR RESIDENCY

(Please print clearly)



YOUR AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Today's Date
	Date Received
	Received By
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined Date: _____
	Apartment Address
	Apartment Size
	Move-In Date
	Security <u>FEES PAID</u> Application
	\$ _____ \$ _____
	Lease Term
_____ mo. \$ _____ Monthly Rent	
Concession	

### APPLICANT

### SPOUSE

Full Name (Last, First, M.I.)	_____	_____
Date of Birth	_____	_____
Sex	_____	_____
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	_____
Cars (Color/Make/Lic#/State/Year)	_____	_____
Contact Phone No. - Home/Cellular	_____	_____
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Pet	_____
Student Status	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>

### OTHERS TO RESIDE IN APARTMENT:

Full Legal Name	Relationship to Applicant	Date of Birth	Sex	Student	Occupation

### APPLICANT

### SPOUSE

<b>PRESENT ADDRESS:</b>	<b>PRESENT ADDRESS:</b>
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
Dates _____	Dates _____
Landlord/Lender _____	Landlord/Lender _____
Phone _____	Phone _____

### APPLICANT

### SPOUSE

<b>PREVIOUS ADDRESS:</b>	<b>PREVIOUS ADDRESS:</b>
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Family <input type="checkbox"/>	Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Family <input type="checkbox"/>
Dates _____ From: _____ To: _____	Dates _____ From: _____ To: _____
Landlord/Lender _____	Landlord/Lender _____
Phone _____	Phone _____

### APPLICANT

### SPOUSE

<b>CURRENT EMPLOYER APPLICANT:</b>	<b>CURRENT EMPLOYER SPOUSE:</b>
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Date of Hire _____	Date of Hire _____
Work Phone _____	Work Phone _____
Position _____	Position _____
Annual Income _____	Annual Income _____
Supervisor _____	Supervisor _____

### APPLICANT

### SPOUSE

<b>PREVIOUS EMPLOYER APPLICANT:</b>	<b>PREVIOUS EMPLOYER SPOUSE:</b>
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Date of Hire _____ Ending date _____	Date of Hire _____ Ending date _____
Position _____	Position _____
Annual Income _____	Annual Income _____
Supervisor _____	Supervisor _____

**ANNUAL INCOME**

Do you or your spouse have income from or expect to have income from:

			Applicant	Spouse	
Employment Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Self Employment	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Rental Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Social Security/Pensions	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Retirement/Annuity	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Contributions from Friends or Family	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Scholarships/Grants/Work Study	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Unemployment benefits	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Worker's Compensation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Child Support/Alimony	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
TANF	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	

**ASSETS**

List all assets for you and your spouse and anyone under the age of 18.

Listing of All Assets			Cash Value	Annual interest or earnings from asset	Name of Financial Institution/Description of Asset
Checking Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
			\$	\$	
Savings Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
			\$	\$	
Stocks/ Bonds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
CD/Money Market	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Mutual Funds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
IRA/401 K Account	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Trust Fund	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Whole Life Insurance	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Do you currently own a home or have you within the last two years?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	

RELATIVE/EMERGENCY CONTACT (Not Living With You):	RELATIVE/EMERGENCY CONTACT (Not Living With You):
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

**By signing this application for residency I acknowledge the following:**

1. A credit, eviction, and criminal background check will be done in order to qualify for residency.
2. I have received, read, and understand the resident selection policy for the property at which I am applying.
3. The information contained in this application is true and complete. Material misrepresentation on this Application will constitute a default under the Lease or Rental Agreement Between the parties.
4. All information provided by applicant will be kept confidential.
5. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any Lender.
6. Application must be signed before it can be processed by Management.
7. HOLD FEE: I hereby make a deposit \$ \_\_\_\_\_ with Management as a HOLD FEE in connection with this rental application. If my application is accepted, I understand this HOLD FEE will be applied toward payment of my move in costs when I take possession of the apartment and sign the lease. If for any reason Management decides to decline my application, the Management will refund this HOLD FEE to me in full. I understand I may cancel this application by written notice within 48 hours and receive a full refund on this HOLD FEE within 30 days of cancellation. If I cancel after 48 hours or refuse to occupy the premises on the agreed upon date I understand this HOLD FEE will be NON-REFUNDABLE.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_