

Managers Initals_____ Special comments:_____ Applicant notified of approval terms: Date_____ Time__

APPLICATION FOR RESIDENCY

Applicants Name:				Co-Applicant:				-
Date of Birth:				Date of Birth:				
Social Security#			•	Social Security#				
Driver's License#			1	Driver's License#			State	
Telephone #Other Occupants:		_		Email Address:				
Name	DOB	Relationship	Name	e	I	ООВ	Relationship	
Name	DOB	Relationship	Name	e	I	ООВ	Relationship	
RESIDENT HISTORY								
Present Address				Previous Addres	s			
		Zip					Zip	
Dates: FromTo_		_		Dates: From	To			
Name of Mortgage/Landlord			_	Name of Mortg	age/Landlord _			
Landlord Phone Number				Landlord Phone	Number			
Monthly Payment \$				Monthly Paymen	nt \$			
Reason for Moving			-	Reason for Mov	ing			
Have you ever been evicted from	m any lease	d premises?		If yes, Explain				
How did you learn of our com	nunity?							_
Reason for leasing here:								_
EMPLOYMENT Present Employer								
Position				Position				
Business Phone				Business Phone				
Gross Monthly Salary \$		age Hrs/v	week				wageHrs/wee	ek
Dates: FromTo		,		Dates: From	•	-		
Previous Employer_		on						
Business Phone					•			
Gross Monthly Salary \$		rom 1	Γo.					
VEHICLE INFORMATION								
Year & MakeYear & Make	Color	Licen	se # & State		_ Registered To)		
PERSONAL IN CASE OF I	EMERGEN	ICY, NOTIFY:						
Name:Address			Addre	e:				
Phone Phon Relationship Relationship				netionship				
OTHER INFORMATION Will you have a pet(s)? Have you or any other reside	_ If yes, lis	st kind, weight, pant ever been	breed convicted o	f a felony?				-
Applicant has submitted the sum of	\$pe	r applicant which is	a non-refunde	able payment for a cr	redit check and pro	ocessing	charge of this applicatio	n.
The undersigned warrants and reprobabilities of a credit report and agree					s verification of th	e above	items including but not	limited to the
Applicant's Signature				Co-Applicant S	Signature			
DEPOSITS	ARE NO	<u>N-REFUNDA</u>	ABLE AF	<u> ER 48 HOUR</u>	S OF APPLIC	<u>CATIO</u>	N APPROVAL	
This portion for Office Use Only	<u>y</u>							
Leasing agent		Date			Time		am/pm (circle one)
Apartment# Move in da	ite	Deposit paid	Rent Ra	ateCo	ons			
ApprovedApproved wi	th LMR	Approved	with co-signer	Appro	oved with additio	nal der	positDenied_	