

Office Use Only	Leasing Agent: _____
	<input type="checkbox"/> Approved - Unit # _____ <input type="checkbox"/> Declined Date: _____
	Security Application Fee Concession: \$ _____ \$ _____ \$ _____
	Lease Term _____ Monthly Rent _____

APPLICATION FOR RESIDENCY

I. Applicant / Spouse's Application

Applicant's Name: _____
 Driver License #: _____ State: _____
 Last Four SS #: XXX-XX- _____ DOB: _____
 Phone #: _____ Cell #: _____
 Email: _____

Spouse's Name: _____
 Driver License #: _____ State: _____
 Last Four SS #: XXX-XX- _____ DOB: _____
 Phone #: _____ Cell #: _____
 Email: _____

Student Status: Full Time Part Time Not Student
Marital Status:

Student Status: Full Time Part Time Not Student

In order to substantiate your income qualification your marital status must be verified. Please note that the following information is required and will be use for income qualification only:

Applicant's Marital Status: Married Separated Widowed Divorced Never Been Married

II. Other Household Members

List only children who are dependent of persons listed on this application:

Check Student Status:

Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student
 Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student
 Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student
 Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student
 Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student
 Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student

Are there any other household members not listed on this or a separate application (i.e., spouse, absent spouse, roommate, or other)?

NO YES If yes, please explains: _____

Does anyone in the household anticipate changes to "Student Status" within this calendar year? NO YES

If yes above, list name(s): _____ Anticipated Change(s): _____

III. Residency History

List the past two years of residency history. If additional space is needed please use the back of the application:

Current Address: _____
 City, State, Zip: _____
 From: _____ To: _____
 Rent Own Other _____
 Landlord's Name: _____
 Landlord's Phone #: _____ Rent Amount: _____

Previous Address: _____
 City, State, Zip: _____
 From: _____ To: _____
 Rent Own Other _____
 Landlord's Name: _____
 Landlord's Phone #: _____ Rent Amount: _____

IV. Employment History

Applicant's Current Employer:

Employer's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____

Spouse's Current Employer:

Employer's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____

V. Other Sources of Income (Does the Applicant or Spouse receive any of the following incomes?)

Applicant's Other Income:

Source:	Gross Amount Received:		
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Have Child Support Court Order	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Military Service	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____

If other, list source: _____

Spouse's Other Income:

Source:	Gross Amount Received:		
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Have Child Support Court Order	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Military Service	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____

If other, list source: _____

VI. Household Assets

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)?

NO **YES** If yes, list type of asset and name of institution:

Applicant	Spouse	Child	Type of Asset	Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

NO **YES** If yes, explain: _____

VII. General Information

Emergency Contact Information:

Applicant's Emergency Contact:

Contact Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ 2nd Phone #: _____
 Relationship: _____

Spouse's Emergency Contact:

Contact Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ 2nd Phone #: _____
 Relationship: _____

Vehicle Information:

Applicant's Vehicle:

License Plate #: _____ State: _____
 Make: _____ Type: _____ Color: _____

Spouse's Vehicle:

License Plate #: _____ State: _____
 Make: _____ Type: _____ Color: _____

Other Information Needed:

Do you have pets?

NO **YES** If yes, how many? _____

What kind? _____ **Weight:** _____

What kind? _____ **Weight:** _____

Did you hear about us from one our resident?

NO **YES** If yes, resident's name: _____ Unit # _____

Has anyone in your household been convicted of a felony?

NO **YES** If yes, list name(s): _____

We hereby authorize _____ (Company) to make investigations to confirm the contents contained in this application for rental. Furthermore, we authorize investigations be extended or for subsequent investigations to be completed in connection with an update, lease renewal, recertification, extension or collections, with respect or in connection with the rental or lease of a residency for which this application was made. We understand that these investigations might include, but not necessarily be limited to: credit report, verifications of employment, past rental history, banking relations and criminal background check. We consent to these investigations and authorize and direct any employer (past or present), credit reporting agency, landlord, property management company, banking institution and law enforcement agency to release to the above mentioned Company without any liability therefore, any information contained in the records concerning the undersigned applicant and knowledge and agree that any misrepresentation and/or omission of fact or detrimental information contained in this report shall constitute a default under the applicant's initial rental application/lease agreement and may, in the sole discretion of management, be grounds for denial of applicant's rental application or eviction proceedings. We further agree that the information contained in this application may be used in such investigation(s) and above mentioned Company shall be held harmless for any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the above mentioned Company.

Credit Check Charge – Applicant has to submit the sum of \$ _____ which is non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by management. Such sum is not rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing application as furnished by applicant. Good Faith Deposit – We hereby deposit \$ _____ with management as a good faith deposit in connection with this rental application. If my application is accepted, we understand this deposit can be applied towards payment of my security deposit of \$ _____ when we take possession of the apartment. If for any reason management decides to decline my application, the management will refund this good faith deposit in full. We understand we may cancel this application by written notice within twenty-four hours and receive a full refund of this good faith deposit within 30 days of the cancellation. If we cancel after twenty- four hours or refuse to occupy the premises on the agreed upon date, we understand this good faith deposit will be forfeited.

TITLE VII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex or national origin illegal in connection with the rental of most housing. The Federal agency, which administers compliance with this law concerning this company, is The Department of Housing and Urban Development. EQUAL CREDIT OPPORTUNITY ACT - The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The federal agency, which administers compliance with this company's Equal Credit Opportunity, is The Federal Trade Commission, Washington, DC 20580.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in denial of my application for residency or the immediate termination of the lease agreement.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

