



APPLICATION FOR RESIDENCY

For Office Use Only

Leasing Consultant: _____ Size of Apartment Desired: _____
Desired Date of Move-In: _____ Lease Term: 12 Months Special: _____

1. Applicant Information:

APPLICANT

SPOUSE

Full Name *(Last, First, Middle)* _____

Driver's License Number _____

Social Security Number _____

Date of Birth _____

Sex _____

Are you currently employed? _____

Phone Number *(Day or Evening)* _____

2. Other Occupants:

Full Name <i>(Last First, Middle)</i>	Social Security #	D.O.B	Relationship	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Residency: *(Must show a minimum of 3 years rental history)*

Present Address:

Street _____ City _____ State _____ Zip _____

Landlord: _____ Landlord's Phone: _____

Dates: From _____ To: _____ Monthly Payment: _____ Own Rent

Reason for Moving: _____



Previous Address:

Street _____ City _____ State _____ Zip _____

Landlord: _____ Landlord's Phone: _____

Dates: From _____ To: _____ Monthly Payment: _____ Own Rent

Reason for Moving: _____

4. Employment:

Present Employer: _____ Position: _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Anticipated Gross Annual Income _____

Supervisor _____ Employed Since _____

Spouse's Employer _____ Position: _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Anticipated Gross Annual Income _____

Supervisor _____ Employed Since _____

5. Other Income:

Do you plan to receive any other income for the next 12 months? (*SSI, Unemployment, Retirement, child Support, alimony, family Assistance, Part time Job, etc*)

Applicant	Spouse	Type of Income	Gross Annual Amount
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Do you have a Checking or Savings Account?

Applicant	Spouse	Type	Bank Name	Current Balance	Annual Income Derived
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Do you have any assets and/or asset income? (*IRA, CD, Bonds, Equity in property, etc.*)

Applicant	Spouse	Type	Value	Annual Income Derived
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____



6. General Information:

Have you ever been arrested or convicted of a crime? _____

If yes, please explain: _____

Have you ever filed bankruptcy? _____ If so, how many years ago? _____

Have you ever had an eviction filed against you? _____

If yes, please explain: _____

If you answered "Yes" to any of the three questions above, you understand your application may be declined? _____
(Initials)

Is anyone in the household a full time student? _____ If yes, please list all full time students below.

Name

Type of Schooling Institute

Name	Type of Schooling Institute
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You understand that if all occupants are full time students or attending a schooling institution 5 months out of the year, you may not qualify for residency in our community unless you meet certain exemptions within the state program? _____
(Initials)

Vehicle Information:

Year

Make

Model

Color

Tag Number

Year	Make	Model	Color	Tag Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact:

Full Name *(First, Middle, Last)* _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Phone: _____

