



## APPLICATION FOR RESIDENCY

Community \_\_\_\_\_ Date \_\_\_\_\_

**All adults to occupy apartment must sign the lease.**

### APARTMENT OCCUPANTS

Full Legal Name		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried	Social Security #
Work phone:	Home Phone:	Cell Phone:		Email Address			
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 RELATIVE 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, City, State, Zip Code	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, City, State, Zip Code	Apt./Landlord/Mortgage/Name	Phone	How long?	Monthly Payments \$		

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

Driver's License # _____ State: _____	Spouse's Driver's License # _____ State: _____
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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
Make: _____ Year: _____ License Plate: _____	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. It is mandatory that you, as a resident, purchase 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  
\_\_\_\_\_

Where did you first hear of our apartments?

Resident Referral		Word of Mouth		Drive by		Internet		Yellow Pages		Other	
Apartment Guide											

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 and background may be checked through all sources including the credit bureau.

**DO NOT FILL IN - OFFICE USE ONLY**

<b>RESIDENT MANAGER CHECK LIST</b>	
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