

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: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Status:**    Full Time    Part Time    Not Student

**Marital Status:**

In order to substantiate your income qualification your marital status must be verified. Please note that the following information is required and will be used 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 explain: \_\_\_\_\_

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:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rent     Own     Other \_\_\_\_\_

Rent     Own     Other \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

### IV. Employment History

**Applicant's Current Employer:**

**Spouse's Current Employer:**

Employer's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Anticipated Gross Annual Income: \_\_\_\_\_

Anticipated Gross Annual Income: \_\_\_\_\_

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

**Applicant's Other Income:**

**Spouse's Other Income:**

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

If other, list source: \_\_\_\_\_

If other, list source: \_\_\_\_\_

As it relates to every household member individually, are there any imminent changes expected in financial status or employment status during the next 12 months?

NO    YES   If yes, explain: \_\_\_\_\_

## 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 #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Spouse's Emergency Contact:

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_

