

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: _____	Spouse’s Name: _____
Driver License #: _____ State: _____	Driver License #: _____ State: _____
Social Security #: _____ DOB: _____	Social Security #: _____ DOB: _____
Phone #: _____ Cell #: _____	Phone #: _____ Cell #: _____
Email: _____	Email: _____
Student Status: Full Time Part Time Not Student	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 use for income qualification only:

Applicant’s Marital Status: ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Never Been Married

II. Other Household Members

<u>List only</u> children who are dependent of persons listed on this application:	Check Student Status:
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> 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: _____	Previous Address: _____
City, State, Zip: _____	City, State, Zip: _____
From: _____ To: _____	From: _____ To: _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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 <u>Annual</u> Income: _____	Anticipated Gross <u>Annual</u> 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:	Source:
Gross Amount Received:	Gross Amount Received:
SSI/SSA: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____	SSI/SSA: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____
Retirement/Pension: <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 \$ _____	Unemployment: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____
Recurring Contribution: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____	Recurring Contribution: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____
AFDC/TANF: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____	AFDC/TANF: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____
Child Support or Alimony: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____	Child Support or Alimony: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____
Have Child Support Court Order <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 \$ _____	Military Service <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES \$ _____	Other: <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 #: _____ 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: _____

