



Each Resident Must Complete Application

First Name: _____ Last Name: _____ Middle Name: _____

SSN No.: _____ DL /ID No.: _____ State Issued: _____

Date of Birth: _____ Work No.: _____ Home/Cell No.: _____

Email Address: _____

Street: _____ Apt No.: _____ City: _____ State: _____ Zip: _____

Date Move In: _____ Rent Amt. \$: _____ ☐ Own ☐ Rent ☐ Lease Option ☐ Friends/Family

Landlord/Management Co.: _____ Phone: _____

Email Address: _____

Have you ever used any other name? ☐ Yes ☐ No If yes, name(s): _____ What year(s): _____

Pets? ☐ Yes ☐ No If yes, number, size and type(s): _____

Current Employer: _____ Phone: _____

Occupation: _____ Rank/Dept: _____ Supervisor: _____

Hire Date: _____ Monthly/Hr Salary \$: _____ ☐ Full Time ☐ Part Time Hours per week: _____

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

Email Address: _____

Other Occupant's Name, Age & Relationship: _____

Local Contact: _____ Address: _____ Phone: _____

Nearest Relative: _____ Address: _____ Phone: _____

Bank: _____ Account No.: _____ Branch: _____ Phone: _____

Have you ever refused to pay rent? ☐ Yes ☐ No If yes, why: _____

Have you ever been served with any notices? ☐ Yes ☐ No When? _____ What County? _____

Do you currently have accounts in collections? ☐ Yes ☐ No If yes, what for (utility bills, cable, medical etc.) _____

Have you ever been evicted? ☐ Yes ☐ No If yes, when: _____ What State & County: _____

Have you ever been arrested? ☐ Yes ☐ No If yes, County/State: _____

Have you or any other occupant ever been convicted of a crime (non traffic) ☐ Yes ☐ No If yes, County/State: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, what year: _____

Have you ever been convicted of any drug related criminal activity? ☐ Yes ☐ No If yes, what year: _____ County/State: _____

Applicant's Signature: _____ Date: _____