

APPLICATION FOR RESIDENCY

Verification of Income Required.

Applicant

Last Name*: _____ First*: _____ Middle*: _____
Social Security Number*: _____ - _____ - _____ Birth Date*: _____ - _____ - _____
Driver's License #*: _____ State*: _____ Email*: _____
Phone Number (cell)*: _____ Work/Home Phone #*: _____

Resident History

Current Address*: _____ Apt #: _____ City*: _____ State*: _____ ZIP*: _____
Landlord Name: _____ Landlord Phone #: _____ Rent Amt.: _____
Residency Dates*: From _____ to _____

Previous Address*: _____ Apt #: _____ City*: _____ State*: _____ ZIP*: _____
Landlord Name: _____ Landlord Phone #: _____ Rent Amt.: _____
Residency Dates*: From _____ to _____

Employment History

Status*: Employee Unemployed Self-Employed

Current Employer*: _____ Phone #: _____ Supervisor*: _____
Address*: _____ Position*: _____ Monthly Income*: _____
Employed Dates*: From _____ to _____

Previous Employer*: _____ Phone #: _____ Supervisor*: _____
Address*: _____ Position*: _____ Monthly Income*: _____
Employed Dates*: From _____ to _____

Co-Applicant

Last Name*: _____ First*: _____ Middle*: _____
Social Security Number*: _____ - _____ - _____ Birth Date*: _____ - _____ - _____
Driver's License #*: _____ State*: _____ Email*: _____
Phone Number (cell)*: _____ Work/Home Phone #*: _____

Resident History

Current Address*: _____ Apt #: _____ City*: _____ State*: _____ ZIP*: _____
Landlord Name: _____ Landlord Phone #: _____ Rent Amt.: _____
Residency Dates*: From _____ to _____

Previous Address*: _____ Apt #: _____ City*: _____ State*: _____ ZIP*: _____
Landlord Name: _____ Landlord Phone #: _____ Rent Amt.: _____
Residency Dates*: From _____ to _____

Employment History

Status*: Employee Unemployed Self-Employed

Current Employer*: _____ Phone #: _____ Supervisor*: _____
Address*: _____ Position*: _____ Monthly Income*: _____
Employed Dates*: From _____ to _____

Previous Employer*: _____ Phone #: _____ Supervisor*: _____
Address*: _____ Position*: _____ Monthly Income*: _____
Employed Dates*: From _____ to _____

How many will occupy the residence?* _____ List below all individuals by name that will be occupying the home.

| Name | Relationship | Date of Birth |
|-------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Will there be any pets in the dwelling unit?* Yes _____ No _____ List information for all pets residing at the site:

| Name | Type/Breed | Weight | License # | Color |
|-------|------------|--------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PLEASE READ CAREFULLY

Applicant(s) represents that all of the above statements are true and complete, and hereby authorize verification, now and in the future, of above information, references and credit records. Applicant acknowledges that ANY false information contained herein constitutes grounds for rejection of this application if discovered before or after move-in. Management reserves the right to verify application information after move-in. This application is preliminary only does not obligate owner or representative to execute a lease or deliver possession of proposed premises. By signing this application, applicant(s) authorize all persons/firms named and unnamed in this application to freely provide any and all requested information concerning applicants and hereby waive all right of action for any consequences resulting from such information.

Applicant's Signature

Date

Applicant's Signature

Date