

Application for Residency

Full Name _____ **DOB** _____
Soc. Sec. # _____ **Driver's License #** _____ **State** _____
Email Address: _____ **Contact Phone** _____
Spouse/ Partner's Name _____ **DOB** _____
Email Address: _____ **Contact Phone** _____
Soc. Sec. # _____ **Driver's License #** _____ **State** _____

Other Occupants/Full Name(s)	Relationship	DOB	Soc. Sec. #

Current Address _____ **Apt. #** _____ **Move-In Date** _____
City _____ **State** _____ **Zip** _____ **Your Phone #** _____
Landlord's Name/Apt. Name _____
Phone # _____ **Monthly Payment \$** _____

If less than 2 years at current address, please list previous address below:

Previous Address _____ **Apt. #** _____ **From** _____ **To** _____
City _____ **State** _____ **Zip** _____ **Monthly Payment \$** _____
Landlord's Name/Apt. Name _____ **Phone #** _____

Present Employer _____ **Phone #** _____
Address _____ **Position** _____
Dates of Employment _____ **Supervisor's Name** _____
Gross Income \$ _____ **per:** Hour Week Month Year **Number work hours per week** _____

Spouse's Employer _____ **Phone #** _____
Address _____ **Position** _____
Dates of Employment _____ **Supervisor's Name** _____
Gross Income \$ _____ **per:** Hour Week Month Year **Number work hours per week** _____

If less than 6 months at current employment, please list previous employer:

Previous Employer _____ **Phone #** _____
Worked from _____ **to** _____ **Position** _____ **Income \$** _____

Spouse's Previous Employer _____ **Phone #** _____
Worked from _____ **to** _____ **Position** _____ **Income \$** _____

Application for Residency

Please answer regarding yourself, spouse and any other occupants who will be residing with you regardless of age:

- | | | |
|---|------------------------------|-----------------------------|
| 1. EVER been evicted or had a forcible detainer filed against you/them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. EVER moved to avoid an eviction or because of problems with the landlord or other residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. EVER filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. EVER been arrested, cited or convicted of any crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. EVER been or currently are a member of a gang? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. CURRENTLY have any criminal charges <u>pending</u> against you/them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. EVER experienced a pest or vermin issue, including bed bugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain ALL "Yes" answers in detail (What happened, when, where and the results) _____

Will you need vehicle parking on property? Yes No If yes, please fill in the information below for each vehicle.

Make/Model	Year	Color	License Plate/State	Registered To

Will a pet of any kind reside in the apartment? Yes No If yes, please fill in the information below for each pet.

Type	Weight (full grown) lbs.	Spayed or Neutered	License # / Date

Person to notify and you authorize to take possession of your personal property in Case Of Emergency:

Name _____ Home Phone # _____ Work Phone # _____
 Address _____ Relationship _____

The undersigned applicant warrants that all information on this application is true and correct and hereby authorizes verification of above information and references, including obtaining credit and criminal reports. Applicant waives all right of action for any consequence resulting from such information. Discovery of false or omitted information could result in the denial of tenancy.

I/We hereby acknowledge payment of \$_____ as a nonrefundable application fee. I/We also acknowledge the payment of \$_____ as a good faith holding deposit, which is refundable if the application is not approved. If the application is accepted, I/we understand these amounts will be applied towards the total move-in costs.

If I fail to occupy the premises on the agreed upon date, I understand that Management will assess damages against the deposit for the amount of rental lost or any expenses incurred due to my cancellation. As these costs are difficult to ascertain, I agree to pay as liquidated damages a sum equal to fifty (50) percent of one month's rent for the apartment I had agreed to occupy.

Applicant's Signature _____ Date _____
 Spouse/Partner's Signature _____ Date _____