

Contact # \_\_\_\_\_  
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PLEASE PRINT

Special Provisions:

**APPLICATION FOR RESIDENCY**

Community \_\_\_\_\_ Apt. # \_\_\_\_\_ Rent \_\_\_\_\_ Move In Date \_\_\_\_\_

APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Driv. Lic. & State \_\_\_\_\_

SPOUSE

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Driv. Lic. & State \_\_\_\_\_

Resident History

Present

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Landlord or Apt. Name: \_\_\_\_\_ Landlord or Apt. Office Phone ( ) \_\_\_\_\_  
(If mortgage, give phone & account number)

Names on Lease \_\_\_\_\_ Residency Dates From \_\_\_\_\_ To \_\_\_\_\_

Previous

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Landlord or Apt. Name: \_\_\_\_\_ Landlord or Apt. Office Phone ( ) \_\_\_\_\_  
(If mortgage, give phone & account number)

Names on Lease \_\_\_\_\_ Residency Dates From \_\_\_\_\_ To \_\_\_\_\_

Names of persons To Occupy Apartment

No. to Occupy Apt. \_\_\_\_\_ No. of Pets \_\_\_\_\_ Size and Type of Pet \_\_\_\_\_

- 1) Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 2) Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 3) Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 4) Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

EMPLOYMENT

Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Phone # of Personnel Department \_\_\_\_\_

Position Held \_\_\_\_\_ Gross Income \_\_\_\_\_ Supervisor's Name/Dept. Extension \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Spouse's Employer

Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Phone # of Personnel Department \_\_\_\_\_

Position Held \_\_\_\_\_ Gross Income \_\_\_\_\_ Supervisor's Name/Dept. Extension \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Credit Reference

Credit bureau file will be obtained from a National Credit Reporting Agency.

Vehicle Information

Car/Truck License # \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Car/Truck License # \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_

No. of Vehicles to be parked on Property: \_\_\_\_\_ Do you own any recreational vehicles, motorcycles, etc. If so, specify: \_\_\_\_\_

Have you, your spouse or any occupant listed above ever: \_\_\_\_\_ been evicted or asked to move out? \_\_\_\_\_ broken a rental agreement or lease contract? \_\_\_\_\_ been sued for non-payment of rent? \_\_\_\_\_ been sued for damage to rental property? \_\_\_\_\_ committed or been convicted of a felony? \_\_\_\_\_ received deferred adjudication for a felony? Please explain (state year, location and type of each type of felony) \_\_\_\_\_

Are you required to register with any government (federal, state or local) as a sexual offender? \_\_\_\_\_ You represent the answer "NO" to any blank not checked.

Emergency Contact

Name \_\_\_\_\_ Complete Address \_\_\_\_\_ Home/Business Phones \_\_\_\_\_

**Insurance** Renter's Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No If no, read and sign below  
**I understand that the property's insurance coverage and insurance does not and cannot protect any personal belongings against burglary, vandalism, fire, smoke, and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renter's insurance. THEREFORE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT TENANT SECURES INSURANCE.**

Applicant understands that there is a non-refundable credit check/processing fee of \$ \_\_\_\_\_. Applicant understands that the security deposit of \$ \_\_\_\_\_ for apartment # \_\_\_\_\_ is only refundable if: management rejects this application; if management is notified within \_\_\_\_\_ hours that applicant will not occupy apartment; or, if all of the terms and conditions of the lease agreement are fulfilled. If after the \_\_\_\_\_ hour period has expired, the applicant fails or refuses, for any reason to occupy said apartment, owner shall be entitled to liquidated damages or \$ \_\_\_\_\_ as administrative cost. Applicant represents that the information set forth on this application is true and complete. Misinformation, misstatements or false representation on this application will constitute default under the Lease or Rental Agreement between the parties and is ground for termination. Applicant hereby authorizes verification of any and all information, references, and credit records, including release of information by any bank or savings and loan, employer (present or former) and any lender. Applicant understands that an independent reporting agency will be used in this verification process in acquiring a consumer report from one or more of the credit bureaus. Applicant acknowledges receipt of community criteria, which determines application acceptance.

**SIGNATURE OF APPLICANT(S)**

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

X \_\_\_\_\_

X \_\_\_\_\_

Title VII of the FAIR HOUSING ACT makes discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap illegal in connection with the rental of most housing.