

Application for Residency

Community _____ Apt# _____ Rent _____ Move in date _____

Applicant

Last Name First M.I birthdate Social Security # Driver Lic & State

Spouse

Last Name First M.I birthdate Social Security # Driver Lic & State

RESIDENT HISTORY

PRESENT Street Address Apt# City State Zip Code Home Phone No

Landlord or Apartment Name _____ Landlord or Apt office phone () _____

(If mortgage, give phone & Account number)

Name on lease _____ Residency dates **From** _____ **To** _____

Previous

Street Address Apt# City State Zip Code Home Phone No

Landlord or apartment Name _____ Landlord or Apt office phone () _____

(If mortgage, give phone & Account number)

Name on lease _____ Residency dates **From** _____ **To** _____

Name 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

5) _____
Last Name First M.I SS# Relationship Date of Birth

Employment

Company Name	Address	City	State	Zip code
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Business Phone	Phone # of Personnel department			
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Position Held	Gross Income	Supervisor's Name / Dept. Extension	Employed From	To

Spouse's employer

Company Name	Address	City	State	Zip code
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Business Phone	Phone # of Personnel department			
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Position Held	Gross Income	Supervisor's Name / Dept. Extension	Employed From	To

Credit reference Credit bureau file will be obtained from the National Credit Reporting Agency.

Vehicle information Car/Truck# _____ Year _____ Make /Model _____
 Car/Truck# _____ Year _____ Make / Model _____

No of vehicles to be parked on the property: _____ Do you own any recreational vehicles, motor cycles, etc. If so specify _____

Have you or 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 nonpayment 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.

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 rental of most housing .

Emergency contact

Name	complete address	Home / Business phone
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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 from 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 the renter's insurance. THEREFORE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT TENANT SECURES INSURANCE.

Applicant understands that there is a non-refundable credit check or 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 the said apartment ,owner shall be entitled to liquidated damages or \$ _____ as an administrative cost. Applicant represents that the information set forth in this application is true and complete. Misinformation, misstatements or false representations on this application will constitute default under the information, references and credits 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 credit bureaus . Applicant acknowledges receipt of community criteria which determines application acceptance.

SIGNATURES OF APPLICANT(S) Date _____

X _____

X _____