

FOR OFFICE USE ONLY:	
APT. NO _____	APT. TYPE _____
MONTHLY RENT _____	MOVE-IN DATE _____
SOURCE _____	PRO-IN \$ _____
LEASE DATES _____	
CONCESSION AMT _____	FROM _____ TO _____
LEASING CONSULTANT _____	

APPLICATION FOR RESIDENCY

DATE _____

EACH APPLICANT 18 YEARS OF AGE OR OLDER MUST SUBMIT A SEPARATE APPLICATION,

APPLICANT'S NAME _____

First Middle Last

DATE OF BIRTH _____ SOCIAL SECURITY # _____

MARITAL STATUS _____ DRIVER'S LICENSE NO. _____ STATE _____

EMAIL ADDRESS _____ CELL PHONE _____

SPOUSE'S NAME _____

First Middle Last

DATE OF BIRTH _____ SOCIAL SECURITY # _____

SPOUSE'S DRIVER'S LICENSE NO. _____ STATE _____

EMAIL ADDRESS _____ CELL PHONE _____

OTHER OCCUPANTS:

Name	Date of Birth	Relationship	SS#	Name	Date of Birth	Relationship	SS#
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

EMERGENCY CONTACT NAME _____ ADDRESS _____
 RELATIONSHIP _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
 IMPORTANT MEDICAL INFORMATION ABOUT OCCUPANTS IN CASE OF AN EMERGENCY _____

PRESENT ADDRESS _____
 Street Apt. # City State Zip Code Telephone

DATES (MO/YR): FROM _____ TO _____ MONTHLY PAYMENT _____

PRESENT LANDLORD/MANAGER _____ TELEPHONE _____

RENT OR OWN _____ IF HOME, MORTGAGE CO & LOAN # _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____

Street Apt. # City State Zip Code Telephone

DATES (MO/YR): FROM _____ TO _____ MONTHLY PAYMENT _____

RENT OR OWN _____ IF HOME, MORTGAGE CO & LOAN # _____ REASON FOR MOVING _____

HAVE YOU AND/OR INTENDED OCCUPANTS EVER BEEN SUED FOR NONPAYMENT OF RENT? _____ YES _____ NO

BEEN SUED FOR DAMAGE TO RENTAL PROPERTY? _____ YES _____ NO BROKEN A RENTAL AGREEMENT OR CONTRACT? _____ YES _____ NO

BEEN EVICTED FROM ANY LEASED PREMISES _____ YES _____ NO IF YES, EXPLAIN _____

PRESENT EMPLOYER _____ POSITION _____
 BUSINESS ADDRESS _____ BUSINESS PHONE NO _____
 SUPERVISOR _____ EMPLOYED SINCE _____
 PREVIOUS EMPLOYER _____ POSITION _____
 BUSINESS ADDRESS _____ BUSINESS PHONE NO _____
 SUPERVISOR _____ DATES OF EMPLOYMENT _____
 SPOUSE'S EMPLOYER _____ POSITION _____
 BUSINESS ADDRESS _____ BUSINESS PHONE NO _____
 SUPERVISOR _____ DATES OF EMPLOYMENT _____

REASON FOR LEASING HERE _____ WERE YOU REFERRED? _____ YES _____ NO
 NAME OF LOCATOR OR RENTAL AGENCY _____ NAME OF INDIVIDUAL LOCATOR OR AGENT _____
 NAME OF FRIEND OR OTHER PERSON _____ NAME OF CURRENT RESIDENT AND APARTMENT # _____

YEAR & MAKE _____ COLOR _____ TAG NO & STATE _____ REGISTERED TO _____
 YEAR & MAKE _____ COLOR _____ TAG NO & STATE _____ REGISTERED TO _____
 ADDITIONAL VEHICLES _____
 GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN _____

CHECKING ACCOUNT NO _____ BANK NAME _____ AVERAGE BALANCE _____ INTEREST RATE _____
 SAVINGS ACCOUNT NO _____ BANK NAME _____ AVERAGE BALANCE _____ INTEREST RATE _____

AL INFORMATION

RESIDENT HISTORY

EMPLOYMENT

VEHICLE

BANK

