



RESIDENT APPLICATION & DEPOSIT RECEIPT

PROPERTY NAME:		TODAY'S DATE:	
PRINT FULL NAME:	DATE OF BIRTH:	SOCIAL SECURITY #:	FOR OFFICE USE ONLY Apt. #:
NAME OF SPOUSE:	DATE OF BIRTH:	SOCIAL SECURITY #:	UNIT TYPE:
ROOMMATE/ADDITIONAL OCCUPANTS (SS# IF APPLICABLE)		# OF OTHER OCCUPANTS	MOVE-IN DATE: RENT:

RESIDENCE

PRESENT ADDRESS:	<input type="checkbox"/> RENT \$ <input type="checkbox"/> OWN	FROM: TO:	LEASE TERM:
NAME OF LANDLORD AND/OR OFFICE:		PHONE NUMBER:	
PREVIOUS ADDRESS:	APT#:	NAME AND NUMBER OF LANDLORD/OFFICE:	
PREVIOUS ADDRESS:	APT#:	NAME AND NUMBER OF LANDLORD/OFFICE:	
PRESENT PHONE NUMBER:			

EMPLOYMENT

EMPLOYER:	INCOME/PER MONTH:	HOW LONG: FROM: TO:
BUSINESS ADDRESS:	SUPERVISOR:	PHONE #:
PREVIOUS EMPLOYER:	INCOME/PER MONTH:	
SUPERVISOR:	PHONE #:	
SPOUSE EMPLOYER:	INCOME/PER MONTH:	HOW LONG: FROM: TO:
BUSINESS ADDRESS:	SUPERVISOR:	PHONE #:
PREVIOUS EMPLOYER:	INCOME/PER MONTH:	
SUPERVISOR:	PHONE #:	
PREVIOUS EMPLOYER:	INCOME/PER MONTH:	HOW LONG: FROM: TO:
BUSINESS ADDRESS:	SUPERVISOR:	PHONE #:
PREVIOUS EMPLOYER:	INCOME/PER MONTH:	
SUPERVISOR:	PHONE #:	

INCOME SOURCE OTHER THAN EMPLOYMENT PHONE # TO VERIFY:

AMOUNT(S):

FINANCIAL

CHECKING ACCOUNT AT:	ACCOUNT NUMBER:
SAVINGS ACCOUNT AT:	ACCOUNT NUMBER:
CREDIT REFERENCE:	TYPE OF ACCOUNT:
CREDIT REFERENCE:	TYPE OF ACCOUNT:
CREDIT REFERENCE:	TYPE OF ACCOUNT:

EMERGENCY CONTACT

NAME:	RELATIONSHIP:	ADDRESS/PHONE NUMBER:	MANAGER APPROVAL/DATE:
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PETS

YES <input type="checkbox"/> NO <input type="checkbox"/> # _____	TYPE:	WEIGHT:
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AUTOMOBILES

MAKE:	YEAR:	LICENSE NUMBER & STATE:
MAKE:	YEAR:	LICENSE NUMBER & STATE:
DRIVER'S LICENSE #:		STATE:

RECREATIONAL VEHICLES, boats or trailers prohibited without senior management approval

Applicant understands that occupancy is limited to only those names on this application. Applicant acknowledges that all information listed on this application is true and accurate. Applicant hereby authorizes verification of all information including credit check and rental history reports by the management. Any false information listed shall constitute grounds for rejection of this application, termination of rental agreement and right of occupancy, and forfeiture of deposits. Applicant understands that the \$_____ processing fee for verifying this rental application is not refundable.

Applicant has deposited with the owner \$_____ as an application deposit for owner taking the rental unit off the market while considering approval of this application. If applicant is not approved, the application deposit will be refunded. If applicant is approved by owner, and a rental agreement is entered into, the application deposit will be credited to the required cleaning and/or security deposits. If applicant is approved but fails to enter into the rental agreement or fails to take occupancy on date specified, application deposit will not be refunded.

_____	<i>Date</i>	_____	<i>Date</i>
Applicant's Signature		Applicant's Signature	
_____	<i>Date</i>		
Manager			





application will automatically be canceled and the deposit will be forfeited.

- If applicant cancels this application within **24** hours of its submission, the deposit less the application fee is refundable. If applicant cancels this application after **24** hours, the deposit is forfeited.
- False information provided in any area of investigation will result in denial of the Application for Residency.

THE MAXIMUM PERSONS ALLOWED PER BEDROOM IS TWO, PLUS ONE INDIVIDUAL. EXAMPLE: A TWO-BEDROOM APARTMENT COULD HAVE A MIXIMUM OF FIVE PEOPLE RESIDING IN THE APARTMENT.

***MOVE-IN SPECIAL IS BASED ON ALL OF THE ABOVE (O.A.C.)**

I HAVE READ AND UNDERSTAND THE CRITERIA FROM WHICH MY APPLICATION WILL BE APPROVED. APPLICATION MAY BE APPROVED WITH CERTAIN RESTRICTIONS. THESE RESTRICTIONS MAY OR MAY NOT LIMIT APPLICATIONS=ABILITY TO PARTICIPATE IN CURRENT RENTAL INCENTIVES.

(Applicant) Date

(Applicant) Date

(Owner's Representative) Date

_____ (Initial)

