





Residency APPLICATION/DEPOSIT Form
The undersigned hereby acknowledges and agrees that we may contact persons listed below to verify information.

Apt Code I hereby make application to r to be used as a dwelling and for no other purpos	Size_				
I will sign a lease for months, from/	/ Move-in Date	// *Re	nt to be pro-rated to date o	f lease.	
Rental Rate: Basic:	, Market	Garag	e	Total	
OCCUPANT NAME (1):	Phone HM#		_Cell#	_DOB:/	<u></u>
Social Security #	Drivers License #	State	Email		
Make of Vehicle Year	Model		State/License Plate #		
CURRENT ADDRESS		_ City	State	Zip	
Current Landlord Name	Landlord Phone # _		How long at this address	?Rent \$_	/month
Reason for leaving					
PREVIOUS ADDRESS		City	State	Zip	
Previous Landlord Name	Landlord Phone # _		How long at this address	?Rent \$	/month
Reason for leaving					
EMPLOYER/INCOME SOURCE					
Address	City		Sta	ate Zip	
Phone # Ext	Position	Hov	v long? M	onthly Income \$	
Prior Employer (if employed less than 6 months	s at above)	Ad	dress		
Phone#	Position	Ho	w long?M	onthly Income \$	
Emergency Contact		Relation	Telephon	e#	
Are you currently required to register as a sex of	ffender in any state? Yes	☐ No If yes, list a	III States		
OCCUPANT NAME (2):(First, Mic	Idle, Last)	elephone #		_DOB:/	<i>I</i>
Social Security #		State	Email		
Make of Vehicle Year	Model		_State/License Plate #		
CURRENT ADDRESS		City	State	Zip	
Current Landlord Name	Landlord Phone # _		_ How long at this address	?Rent \$_	/month
Reason for leaving					
PREVIOUS ADDRESS		_ City	State	Zip	
Previous Landlord Name	Landlord Phone # _		_ How long at this address	?Rent \$	/month
Reason for leaving					
EMPLOYER/INCOME SOURCE		_Address			
City	State	Zip	Telephone #		Ext
Position	How long?	_ Monthly Income \$_			
Emergency Contact		Relation	Telephon	e#	
Are you currently required to register as a sex of	ffender in any state? No	☐ Yes, list states_			
Does your household have a pet? ☐ No ☐ Ye	es If yes, please list for each:	Dog (how many) Cat (how many)	
OCCUPANCY: # of Adults# of	Children Lis	t dependents below	V.		
Name	ss	#		Date of Birth	1 1
Name	ss	#		Date of Birth	1 1
Name	ss	#		Date of Birth	1 1
As consideration, I deposit the sum of: \$ [
Agent	Date (1	Applicant		Date	
Apt. Code Complex	Telephone (2	2) Applicant		Date	