To process your application for an apartment, we must receive:

- COMPLETED APPLICATION
- \$75 NON-REFUNDABLE APPLICATION FEE for each adult applicant (Personal Checks will not be Accepted)
- AND following documents:
- Copy of VALID DRIVER'S LICENSE or photo ID such as passport
- Proof of income (**one** of the following):
 - a. Copy of pay stub- if available
 - b. Current W-2 or letter from employer on letterhead
 - c. Signed federal tax return- if available

All information on the application must be complete and verifiable.

<u>Please note, if you rent an apartment, we require all tenants to carry Renters Insurance.</u> A copy of your insurance policy or proof of insurance must be submitted prior to move in date. This insurance is easily obtained at a low cost, from most insurance companies with just a phone call.

Thank you for your cooperation.

We look forward to welcoming you to our community!

Application (All information provided will be treated as confidential)

MOVE- IN FUNDS, INCLUDING: COPY OF RENTERS INSURANCE POLICY, FIRST MONTH'S RENT & SECURITY DEPOSIT, PAYABLE BY MONEY ORDER OR BANK CHECK. NO PERSONAL CHECKS ACCEPTED! NO EXCEPTIONS!! NO CASH ACCEPTED. NO PETS! *ALL ADULTS LISTED MUST APPLY AS CO-APPLICANTS.

APPLICANT

Apartment # Requested:	_ Address of Build	ling:				
Email:						
Name:			Birth date:			
Ph #: ()	Cell #: ()	W	/ork # ()	
Unmarried () Married () Separated () Social Sec	curity Number:			
Driver's License No. And Sta	ite:					
Expected Move-In Date:		_Referred b	y:			
Apartment to be occupied by:	Adults*_	Childr	en :Name and ages	s:		
Present Address:						
City:	_ State:	Zi	p Code:			
From:/ To/_	/ Monthly R	ent/Pmt \$				
Name of Landlord:			Гelephone:			
Previous Address:						
City:	State:		Zip Code:			
From: / To	//	Monthly	Rent/Pmt \$			
Name of Landlord:		_Telephone	::			_
Present Employer:			Job Title:			
Address:			City	/:		State:
Telephone:	S	Supervisor's	Name:			
Month Gross Income\$:		Er	nployment Dates:	From:		′To/
Previous Employer:	Job Title:					
Address:			City:		State	»:
Telephone:	S	Supervisor's	Name:			
Monthly Gross Income\$:		Employmer	nt Dates: From:	/ /	/ To	/ /

APPLICANT

Additional Information

Automobile	Year:	Maker:	Color:
License No:	State:	Monthly Payr	ment:
Do you own an additional	auto/motorcycle/Boat/Trailer?		
	Banking	References:	
Checking Account:ye	s no Bank Name		
Savings Account:y	es no Bank Name		
	In case of An E	Emergency Notify:	
Nearest Relative, other tha	an spouse:		
Address:		Teleph	one:
Relationship:			
Icredit/ consumer report/cr this application for tenanc	iminal background check, fron	give permis	ssion for your company to obtain a ency to be used in conjunction with
I/ We are legal residents o	f the United States.		
Have you ever filed a peti-	tion in bankruptcy?		
Have you ever been evicted	ed from any tenancy?		
Have you ever willfully ar	nd intentionally refused to pay	any rent when due?	
	GOING TO BE TRUE UNDE MINATE ANY AGREEMENT ABOVE.		
Signed:		Date:	

CO- APPLICANT

Name:						
Email:						
Birth date:	rth date:Social Security Number:					
Driver's License No. and S	State:					
Present Address:						
City:	State:	Zip Code: _	Ph#:			
From:/	To/_	/	Monthly Rent/Pmt \$			
Name of Landlord :			Telephone:			
Previous Address:						
City:	State: Zip Code:					
From:/	To/_	/	Monthly Rent/Pmt \$			
Name of Owner and/ or Co		Telenh	one:			
Present Employer:						
Address:						
	Extension					
Supervisor's Name:						
Month Gross Income\$:		Employm	nent Dates: From:/_	// To/	_/	
I			give permission	n for your company to	obtain a	
Icredit/ consumer report/crithis application for tenanc	minal background y.	d check, from	a credit reporting agency	to be used in conjunc	tion with	
Signed:			Date:			

CO-APPLICANT

Additional Information

Automobile	Year:	Maker:	Color:
License No:	State:	Monthly Payn	nent:
Do you own an additiona	al auto/motorcycle/Boat/Trailer?		
	Banking l	References:	
Checking Account:y	ves no Bank Name		
Savings Account:	yes no Bank Name		
	In case of An E	mergency Notify:	
Nearest Relative, other th	han spouse:		
Address:		Telepho	one:
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I/ We are legal residents	of the United States.		
Have you ever filed a pe	tition in bankruptcy?		
Have you ever been evic	ted from any tenancy?		
Have you ever willfully	and intentionally refused to pay a	any rent when due?	
	EGOING TO BE TRUE UNDER RMINATE ANY AGREEMENT E ABOVE.		
Signed:		Date:	