

**Greystone Property Management Corporation**  
**APPLICATION FOR RESIDENCY**



**PERSONAL**

Full name of applicant		Home #	Date of birth
Social Security Number	Driver's License No. & State Issued	Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	

**List all others who will be occupying the apartment.**

Name	Date of Birth	Social Security Number	Relationship
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**RENTAL/MORTGAGE INFORMATION**

**If additional space is needed, please attach separate page.  
 MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.**

**Applicant's Present Address** (check one)    Apartment    Leased Home    Own Home    Other (please state):

Present Street Address	Apt #	City/State/Zip
Present landlord/mortgage company	Monthly rent or mortgage \$	Dates From: / / To: / /
Address of landlord/mortgage company	Landlord/mortgage co. phone #	Is landlord a relative? - relationship
Is your lease/mortgage in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name.		What is your reason for moving?

**Applicant's Previous Address** (check one)    Apartment    Leased Home    Own Home    Other (please state):

Previous Street Address	Apt #	City/State/Zip
Previous landlord/mortgage company	Monthly rent or mortgage \$	Dates From: / / To: / /
Address of landlord/mortgage company	Landlord/mortgage co. phone #	Was landlord a relative? - relationship
Was your lease/mortgage in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name.		What was your reason for moving?

Have you ever been threatened with an eviction action?  Yes    No  
If yes, please explain.

**EMPLOYMENT INFORMATION**

**MUST HAVE 2 YEARS OF CONTINUOUS HISTORY**

Applicant's present employer	Address		City/State/Zip
Position/Job Title	Monthly gross income \$	Length of Employment	Work phone #   Work fax #
Supervisor's name/title/phone #	Other income (child support, alimony, Social Security Pension, etc.) List source and amount.		
Applicant's previous employer	Address		City/State/Zip
Position/Job Title	Monthly gross income \$	Length of Employment	Work phone #   Work fax #
Supervisor's name/title/phone #			

**MISCELLANEOUS INFORMATION**

How many autos (including company cars) would you keep at this address?

Make	Model	Year	Color	License Number and State

In case of emergency, notify:   Work phone number   Home phone number   Relationship

Street Address	City/State/Zip	In the event of serious illness or death of a resident, the above person <input type="checkbox"/> may <input type="checkbox"/> may not enter, remove and/or store all contents found in dwelling, common areas, or mailbox (Please check appropriate box).
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Do you own a pet?    YES    NO   At full growth   Description:

Must have permission from Management to house a pet   Height:   Weight:

We DO NOT insure your personal property. Do you presently have personal property insurance?    YES    NO

Water beds are not permitted without proof of Renter's Insurance with a minimum \$10,000 coverage.

Date possession desired:   Lease term desired:   Apartment type/address desired:

**APPLICANT HEREBY REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

I understand that this application is preliminary only and involves no obligation of the owners or its agents to approve it or to deliver occupancy of the proposed premises. The applicant appearing below hereby authorizes the holder of this application to investigate the current and past history of applicant's occupancy, employment and whatever credit bureaus, criminal reports or other sources available, that the owner or agent deems necessary in determining the approval of the application. I understand the application fee of \$ \_\_\_\_\_ is a non-refundable fee for the credit and processing charge and is not considered rent. I also understand that the partial/full deposit submitted of \$ \_\_\_\_\_ is non-refundable after 72 hours of signing the application and will be applied to the escrow deposit upon approval, or will be returned in full if denied. The owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, resident, any occupant, or any guest for failure to do so. This application must be signed before it will be processed by Management.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Management \_\_\_\_\_



**Greystone does not discriminate based on race, color, religion, sex, handicap, familial status or national origin.**