

RESIDENCY APPLICATION



APT# _____ **Move-in Date** _____
Lease Dates: From _____ to _____
Monthly Rent: \$ _____ Monthly Fees: specify _____
Specials _____ \$ _____
_____ \$ _____
Leasing Consultant _____

COMMUNITY NAME: _____

PRIMARY APPLICANT ☐

CO-APPLICANT ☐

_____ of _____

GAURANTOR ☐

Name _____
Address _____
City _____ State _____ Zip _____
Telephone No. Home _____
Work _____ Cell _____
Email Address _____
May we contact you through email Yes ☐ No ☐
Social Security Number _____

Employer _____
Address _____
City _____ State _____ Zip _____
Position/Title _____
Hire Date _____
Salary per month _____
Supervisor's Name _____
Supervisor's Telephone No. _____
Other Income per month _____
Current rent or mortgage Payment _____

OTHER INFORMATION

Yes

No

Have you ever been sued for non-payment of rent? ☐ ☐
Have you ever been evicted or asked to move out? ☐ ☐
Have you ever filed bankruptcy? ☐ ☐
Have you ever broken a rental agreement/lease? ☐ ☐
Have you ever been sued for damage to rental property? ☐ ☐
Have you ever been convicted of a crime? ☐ ☐
If "Yes" give details _____

PRIOR LANDLORD

Name _____
Address _____
City _____ State _____ Zip _____
Telephone No. _____

LIST ALL OTHER OCCUPANTS INCLUDING CHILDREN - All occupants 18 years or older must be listed and sign below

Name _____	SSN _____	Signature _____
Name _____	SSN _____	Signature _____
Name _____	SSN _____	Signature _____

PET INFORMATION: Do you have a pet? Yes ☐ No ☐ - Pets are accepted only with the consent of this property

Pet type _____	Breed _____	Weight _____	Name _____	Color _____
Pet type _____	Breed _____	Weight _____	Name _____	Color _____

FEES / DEPOSITS (Attach all verifications and Saferent decisions)

If this application is accepted, I will pay the following Non-Refundable Fees as agreed, and enter into a lease agreement prior to the established move-in date. I agree to pay any required additional Non-Refundable Fees in order to meet the conditions of approval if this application is approved with conditions. In the event I choose not to enter into the lease agreement, 72 hours after payment of any Non-Refundable Fees, I shall waive all rights and forfeit \$ _____.

OFFICE USE ONLY

NON-REFUNDABLE FEES *

_____ for _____	Paid date _____	CK / MO _____
_____ for _____	Paid date _____	CK / MO _____
_____ for _____	Paid date _____	CK / MO _____

* NON-REFUNDABLE FEES ONLY LISTED ON PRIMARY APPLICATION

AUTHORIZATION

I hereby authorize the Landlord/Owner through its's agents and employees to obtain and verify my credit information, criminal history, social search, sex offender search, investigative report, consumer report, employment, income, and landlord references, for any purpose, including determining whether or not to rent an apartment to me.

I further authorize any persons and/or agencies, including but not limited to, credit reporting agencies, past or present employers, and past or present landlords to verify or provide Landlord/Owner with any and all information requested, and such information may be verified or provided within 72 hours of submission of my rental application, during the entire lease term (in the event that I enter into a Lease Agreement with Landlord/Owner), and thereafter as long as I owe any balance to Landlord/Owner.

Landlord/Owner may obtain information from any source and may exchange credit information with consumer reporting agencies. I agree to hold Landlord/Owner and any affiliates harmless for any claims that may arise as a result of this investigation. I (we) understand that this notice will also apply to future update reports that may be requested. All copies of statements and/or documents submitted or obtained in connection with this rental application will have full force thereof as though it were the original document.

I warrant and represent that all information disclosed herein is truthful and accurate, and I understand that Landlord/Owner is materially relying on said information in making a determination as to my acceptability. Therefore, in the event that Landlord/Owner discovers that any information herein is false, said falsification shall constitute a default under the terms and conditions of this rental application and/or lease. Further, any such falsification may result in the immediate rejection of this rental application, and if said falsification is discovered after a lease has been executed, Landlord/Owner may commence an eviction proceeding and/or civil action for collection of money damages if any, including reasonable attorneys' fees.

I have read and understand all information and statements contained herein and provided in the "Resident Selection Criteria". Further, I understand and acknowledge that Landlord/Owner has afforded me a full and fair opportunity to seek advice from legal counsel prior to executing this rental application.



An equal housing opportunity community

Signature _____

Date _____

Print Name _____

RESIDENCY APPLICATION - Resident Information

**** APPLICANT INFORMATION REQUIRED TO PREPARE LEASE ****

EMERGENCY CONTACT

Name _____

Address _____

City _____ State _____ Zip _____

Telephone No. Home _____

Work _____ Cell _____

PERSONAL REFERENCE

Name _____

Address _____

City _____ State _____ Zip _____

Telephone No. Home _____

Work _____ Cell _____

BANK INFORMATION

Bank Name _____

Branch _____

Account Number _____

Account Type _____

MOTOR VEHICLES

Make/Model _____

Year _____

Color _____

Drivers License Number _____

Plate Number _____

**Print the completed application and bring
it in to the rental office**