

APPLICATION FOR RESIDENCY PLEASE FILL OUT COMPLETELY - THANK YOU

Please Tell Us about Yours		T LEAGE TILE GO									
Applicant	Last First Middle Maiden Applicant			Date of Birth Social Se			urity # Driver's License #				
Marital Status	Present Phone No. ()		9:00 to 5:00 CONTACT F	PHONE NO.:	: () Ext.						
Have you ever had an eviction Yes No filed against you?				Animals (Keeping of animals requires an animal deposit and owner's consent) Type Breed Color Age Height/Weight							
med against you:				Animals (Keeping of animals requires an animal depo			Color Age Height/Weight Color Age Height/Weight				
Present Street # Name Apt. # City State				Type Breed E ZIP Rent/Mortgage Pymt			Age Height/Weight Since				
Address Landlord Name Address City State				\$ Zip			Rent / / Phone				
Mtg. Co.							No. ()				
Previous Street # Name Address	ite Zip	Rent/Mortgage	Own □ Rent □	Since	Since / /						
Have you or any occupants ever bee adjudication withheld or deferred for	for, or had	or had If yes, please explain									
Do you smoke? Yes		Do you have any water filled furniture? Yes No									
Please Tell Us about Your Job											
Present Name Business Address City State Phone No. Employer ()											
Position Supervisor Monthly Income								From / / to / /			
Previous Name	revious			State			Phone No.				
Employer Position Supervisor Monthly Income				(/ /		
Please Give Us the Following Information											
Emergency Name	Full Address					Phone N	lo.				
Contact				Ata Year			Make Model Color Tag #				
1 st Car			Automo 2 nd Car	obiie							
Proposed Name Related Occupant(s)	cionship Age	Name Rel	ationship	Age	Name	Re	elationship		Age		
			ationship	ionship Age Name			Relationship Age				
Do any occupant(s) smoke? Yes No							occupant(s) have water filled furniture? Yes No				
Ref Name Location City State				Ref			Name Location City State				
Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Landlord/Landlord's Agent. Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. NON REFUNDABLE APPLICATION FEE-Applicant(s) has paid to the Leasing Broker herewith the sum of \$\frac{1}{2}\$ as a NON REFUNDABLE APPLICATION FEE for costs, expenses and fees in processing the application. HOME DEPOSIT AGREEMENTApplicant has deposited a "HOME DEPOSIT" of \$\frac{1}{2}\$ in consideration for taking the dwelling off the market while the application is being processed. If applicant is approved by Landlord and/or Management and the lease is entered into and possession of the rental is taken the "HOME DEPOSIT" shall be applied toward the security/damage deposit. If applicant is approved, but fails to enter into the lease within 3 days of verbal and/or written approval and/or take possession after lease signing, the FULL "HOME DEPOSIT" shall be forfeited to the Landlord/Landlord Agent in addition to any penalties as provided in the lease if the lease has been signed by the applicant. The "HOME DEPOSIT" shall be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been											
I HAVE KEAD AND AGREE TO	THE PROVISION	S AS STATED	SECURITY	/ DEPOSIT		\$		OFFICE	E USE ONLY		
			ADD SECU	JRITY DEPO	DSIT	\$	AI	DDRESS.			
			ADDITION	AL RENT		\$	\$ UNIT #				
			APPLICAN	IT SCREENI	NG FEE	\$	CI	TY			
Applicant Signature		Date	PAID WITH	H APPLICAT	ION	\$	s	TATE			
			BALANCE	OF DEPOS	IT DUE	\$	RI	ENT			
	FIRST MO	ST MONTH'S RENT \$ UNIT T			NIT TYPE	PE					
Applicant Email Address			TOTAL DU	JE BEFORE	MOVE-IN	\$	TE	RM OF I	LEASE		
•			RECEIVED) BY:		\$	M	OVE-IN D	DATE		
D			APPROVE	D BY:				EPORT_			
Requested Move In Date).'d		