



APPLICATION FOR RESIDENCY

Date: _____ Rental Unit: _____

Applicant's Name _____ D.O.B. _____ D.L.# _____ SSN _____

Applicant's Current Address _____ Applicant's Home # _____

Landlord's Name & Address to Contact _____ Dates of Residency _____ Rent Amount _____

Former Address _____ Past Landlord (Name/Phone#) _____ Rent Amount _____

Co-Applicant's Name _____ D.O.B. _____ D.L.# _____ SSN _____

Co-Applicant's Current Address _____ Applicant's Home # _____

Landlord's Name & Address to Contact _____ Dates of Residency _____ Rent Amount _____

Former Address _____ Past Landlord (Name/Phone#) _____ Rent Amount _____

LIST BELOW ALL THE PEOPLE WHO WILL LIVE IN THIS APARTMENT, IF THIS APPLICATION IS APPROVED. DO NOT INCLUDE THE APPLICANT OR THE CO-APPLICANT.

NAME	AGE	D.O.B.	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Current Employer (Name & Address) _____ Company Telephone # _____

Supervisor's Name _____ Job Description _____ Annual Salary _____

Co-Applicant's Current Employer (Name & Address) _____ Company Telephone # _____

Supervisor's Name _____ Job Description _____ Annual Salary _____

LIST ANY OTHER INCOME: Child Support, Alimony, Interest, Social Security, or Public Assistance, Money from Parents, etc.

PERSONAL HISTORY

DATE YOU NEED APT? _____ SIZE APT YOU NEED? () 1 BEDROOM () 2 BEDROOM

PERSONAL REFERENCES

Name: _____ Phone #: _____

Name: _____ Phone #: _____

FURNISH THE NAME, ADDRESS, AND TELEPHONE NUMBER OF A NEARBY RELATIVE WHOM WE MAY CONTACT IN CASE OF AN EMERGENCY. LIST ONE FOR BOTH THE APPLICANT AND THE CO-APPLICANT.

NAME & ADDRESS: _____ PHONE #: _____

NAME & ADDRESS: _____ PHONE#: _____

VEHICLE REGISTRATION: MAKE/MODEL: _____ LICENSE TAG #: _____

MAKE/MODEL: _____ LICENSE TAG #: _____

GOLDEN RULES OF RESIDENCY

WE HAVE THREE BASIC RULES FOR LIVING IN OUR APARTMENT COMMUNITY, WHICH ARE LISTED BELOW. IF YOU FEEL THAT YOU WILL NOT BE ABLE TO COMPLY WITH THESE RULES, PLEASE DO NOT APPLY TO LIVE HERE.

1. YOU MUST PAY THE RENT BY THE FIRST DAY OF EACH MONTH. IF RENT IS NOT PAID BY THE 5th, THERE IS A **\$20.00** LATE FEE. REPEATED LATE RENT PAYMENT IS A SERIOUS LEASE VIOLATION AND CAN LEAD TO YOU LOSING THE APARTMENT.
2. YOU ARE RESPONSIBLE FOR THE ACTIONS OF YOUR FAMILY MEMBERS, GUEST, AND VISITORS WHILE THEY ARE IN YOUR APARTMENT OR ON THE GROUNDS. IF YOU, OR THEY DAMAGE THE APARTMENT OR DEFACE THE PROPERTY, YOU WILL BE CHARGED FOR THE DAMAGE.
3. DON'T DISTURB YOUR NEIGHBORS. THIS COVERS A WIDE AREA OF BEHAVIOR, RANGING FROM LOUD MUSIC TO HAVING VISITORS THAT DISTURB OTHERS WHILE COMING AND GOING.

OUR RULE REGARDING DRUGS IS SIMPLE: GET CAUGHT USING / SELLING / BUYING DRUGS IN OUR APARTMENT COMMUNITY AND WE SPARE NO EXPENSE IN HAVING YOU EVICTED. NO SECOND CHANCES.

WE VALUE OUR APARTMENT COMMUNITY AND OUR RESIDENTS. WE WILL DO ALL WE CAN IN TERMS OF MAINTENANCE, HOUSEKEEPING, LANDSCAPING, AND OTHER MUTUAL INTERESTS THAT WILL MAKE YOUR APARTMENT HERE FEEL LIKE A HOME. WE LOOK FORWARD TO HAVING YOU AS A RESIDENT.

By signing this application, I (We) understand that the managing agent will verify through a third party the information provided on this application, including but not limited to a credit and check of my (our) past payment history, and a background criminal check. I (We) also understand that as soon as the rental unit is ready for occupancy, I (We) am (are) obligated to begin paying rent on the unit. I (We) further understand that after this application has been approved, if I want a specific unit held for me (us), that I (we) must pay a deposit, equal to one month's rent, which will be applied to my (our) security deposit. If I (we) cancel this application after I (we) have requested that a unit be taken off the market, I (we) realize that the deposit will be kept by the managing agent as nonfulfillment of our agreement.

Applicant

Co-Applicant

Date

Date