



APPLICATION FOR RESIDENCY

RECEIVED BY: _____ Date: _____
 A non-refundable application fee of \$ _____ is required before this application can be processed.
 Type and Size of Apartment Wanted: _____ Amount of Rent: _____ Classification: ___ Senior ___ Junior
 Desired Date of Occupancy: _____ Desired Community _____ ___ Sophomore ___ Freshman

RESIDENT INFORMATION

Applicant Name(s): _____ SS #: _____
 Hometown Address: _____ City _____ State _____ Zip _____
 DL #: _____ Date of Birth: _____ Current Phone #: _____
 Spouse's Name: _____ Date of Birth: _____ DL #: _____ SS#: _____

RENTAL HISTORY

Length of Time at Current Address: _____ Current Landlord or Mortgage Holder: _____ Phone #: _____
 Current Landlord Address: _____ Amount of Rent: _____
 (Street) (Apt. #) (City) (State) (Zip)
 Previous Address: _____
 (Street) (Apt. #) (City) (State) (Zip)
 Length of Time at Previous Address: _____ Previous Landlord or Mortgage Holder: _____ Landlord's Phone #: _____
 Previous Landlord Address: _____ Amount of Rent: _____
 (Street) (Apt. #) (City) (State) (Zip)

EMPLOYMENT/INCOME

Employed By: _____ Employed Since: _____ Position Held: _____ Salary: \$ _____ per _____
 Employer's Address: _____ Phone #: _____ Supervisor: _____
 Employed By: _____ Employed Since: _____ Position Held: _____ Salary: \$ _____ per _____
 Employer's Address: _____ Phone #: _____ Supervisor: _____

OCCUPANTS

NAME	RELATIONSHIP	DRIVER'S LICENSE #	SOCIAL SECURITY NUMBER	DOB

CREDIT REFERENCES

Bank: _____ Account # _____ Address _____ Phone # _____
 Other: _____ Account # _____ Address _____ Phone # _____
 Number of Automobiles (Including Company Cars) _____
 Make _____ Year _____ Color _____ Tag # _____ State _____
 Make _____ Year _____ Color _____ Tag # _____ State _____
 Give descriptions and tag numbers of any boats, motorcycles, campers, vans, etc. that you own: _____
 Do You Own Any Pets? _____ Type? _____ Weight? _____ Age? _____
(It is agreed and understood that this office must give written approval in advance of any pets being allowed on the property.)
 Do you own a waterbed? _____
(It is agreed and understood that this office must be provided with a copy of insurance for a waterbed prior to move-in.)
 Are you a member of the Military or Reserves? _____ Branch? _____

EMERGENCY CONTACTS

IN CASE OF DEATH, DISABILITY, MEDICAL EMERGENCY OR NON-PAYMENT OF RENT, PLEASE NOTIFY:
 Name: _____ Relationship _____ Address: _____ Phone # _____
 Name: _____ Relationship _____ Address: _____ Phone # _____

APPLICATION TERMS AND CONDITIONS

Applicant has delivered \$ _____ in the form of a _____, receipt of which is hereby acknowledged as a deposit (and not payment) to be retained or refunded as hereinafter provided. Applicant agrees to sign the lease by _____. In the event the application is approved and applicant fails or refuses to enter into the contemplated lease, Lessor shall retain the deposit as liquidated damages to cover the cost of removing the premises from the market and holding it for the applicant. In the event that the application is rejected, or the apartment is not ready for the desired date of occupancy, this deposit will be returned to the applicant.

This application is a preliminary step in the process of leasing the above-described apartment and is subject to approval or rejection by the Lessor. Upon notification of approval, applicant will promptly execute all lease documents and the deposit made with this application will become the security deposit under the lease. Upon notification of rejection, applicant may promptly pick up the deposit check during normal business hours at the rental office. Please allow a minimum of 5 days to verify your employment, prior rental referenced and credit.

I certify that all information in this application is true to the best of my knowledge, and I understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy. I do hereby authorize the representatives of this apartment community to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize said representatives to verify all information listed on this application. I understand that any information obtained by the representatives will be held in the strictest confidence.

 APPLICANT

 DATE

 APPLICANT

 DATE

For Office Use Only - Do Not Write in This Block
 This Application is: _____ (Approved or Denied) Date: _____ By: _____
 Assigned to Apt. #: _____ Move-in Date: _____

TITLE VII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, handicap, familial status or national origin illegal in connection with the rental of most housing. The Federal agency that administers compliance with this law concerning this company: The Department of Housing and Urban Development.

EQUAL CREDIT OPPORTUNITY ACT
 The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency that administers compliance with this law concerning this company: Equal Credit Opportunity, Federal Trade Commission, Washington, D.C. 20580.

