

# APPLICATION

How Did You Hear About Us? \_\_\_\_\_

Date: \_\_\_\_\_  
Apt. Type: \_\_\_\_\_  
Rent: \_\_\_\_\_  
Lease Term: \_\_\_\_\_  
Move In Date: \_\_\_\_\_

## POSITIVE PROOF OF IDENTIFICATION IS REQUIRED

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Address City State Zip Code  
From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Name of Landlord if renting: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_  
Name of Mortgage Holder: \_\_\_\_\_ Mortgage Holder's Telephone #: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code  
From: \_\_\_\_\_ To: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Name of Landlord if renting: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_  
Name of Mortgage Holder: \_\_\_\_\_ Mortgage Holder's Telephone #: \_\_\_\_\_

Nearest Relative Not Living With You: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip Code  
In Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip Code

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Name of Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Street Address City State Zip Code  
Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Are You Subject to Transfer? \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Previous Employment: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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Spouse/Roommate's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street Address City State Zip Code Name of

Employer's Address: \_\_\_\_\_  
Street Address City State Zip Code

Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Are You Subject to Transfer? \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**Additional Occupants:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Total Occupants: \_\_\_\_\_

**Number of Motor Vehicles:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**Pet Information:**

Number: \_\_\_\_\_ Type(s): \_\_\_\_\_ Weight(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

**References:**

Name	Address	Telephone #
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Bank: \_\_\_\_\_

Personal: \_\_\_\_\_

Personal: \_\_\_\_\_

I (we) certify that the above information is true and correct, to the best of my (our) knowledge. I (we) understand that you will retain this application whether or not it is approved. You are authorized to check my credit, employment, character, general reputation, personal references and if deemed necessary, a criminal investigation. I (we) further certify that I (we) are adults (over the age of 21) and I (we) understand the importance of accurate information. I (we) further understand that approval of this application is based all or in part on the information contained herein. Should this application be approved and a lease contract be executed, I (we) further understand that this application is made part of the lease and if later, it is determined that any information provided herein was incorrect, said incorrect information shall be grounds for termination of the remainder of the lease contract.

I (we) understand I (we) acquire no rights to in an apartment until (1) approval and acceptance of this application, (2) sign a lease in the form submitted to me and make a deposit of \$\_\_\_\_\_ on the apartment I (we) have selected, (which deposit is to be held as long as I (we) occupy the apartment) and (3) pay all rent due in advance before occupancy of the property. The tenant has up to 72 hours after acceptance of residency to void this agreement and receive a full refund of the deposit. After 72 hours after acceptance of residency, the deposit is bound to the terms of the Security Deposit Agreement. All rent is due and payable in ADVANCE AT THE MANAGER'S OFFICE ON OR BEFORE THE FIRST DAY OF EACH MONTH.

I (we) agree to pay \$\_\_\_\_\_ as a non-refundable application fee.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature