

Centennial Management



APPLICATION FOR RESIDENCY

Date of Application _____
(Each co-resident must submit separate application)

TO BE FILLED OUT BY APPLICANT

FOR OFFICE USE ONLY

REFERRED BY _____
APT NO _____ APT TYPE _____
MONTHLY RENT _____ SECURITY DEPOSIT _____
CONCESSION AMT _____ SET ASIDE _____ %

PERSONAL INFORMATION

APPLICANT'S NAME _____ DATE OF BIRTH _____ /AGE _____
SOCIAL SECURITY NO _____ DRIVER'S LICENSE NO _____ STATE _____
SPOUSE'S NAME _____ DATE OF BIRTH _____ /AGE _____
SOCIAL SECURITY NO _____ DRIVER'S LICENSE NO _____ STATE _____
MARITAL STATUS _____ PHONE NUMBER _____

OTHER OCCUPANTS:

NAME _____ DOB _____ AGE _____ RELATIONSHIP _____
NAME _____ DOB _____ AGE _____ RELATIONSHIP _____
NAME _____ DOB _____ AGE _____ RELATIONSHIP _____
NAME _____ DOB _____ AGE _____ RELATIONSHIP _____

EMERGENCY CONTACT INFORMATION:

1) NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
2) NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
3) NAME _____ RELATIONSHIP _____ PHONE NUMBER _____
4) NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

PRESENT RESIDENT

CURRENT ADDRESS _____
Street Apt No City State Zip
DATES FROM _____ TO _____
PRESENT LANDLORD _____ APT NAME _____
PHONE () _____ MONTHLY PAYMENT _____

PREV. RES. INF

PREVIOUS ADDRESS _____
Street Apt No City State Zip
NAME OF PREVIOUS LANDLORD _____ PHONE () _____

DO YOU OWN A HOME? **Y N** MORTGAGE CO/LOAN # _____ PHONE NO () _____

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? **Y N**

HAVE YOU EVER COMMITTED ANY CRIMES? **Y N**

DO YOU HAVE ANY PETS? **Y N** BREED: _____ WEIGHT _____ AGE _____

HAVE YOU DISPOSED OF ANY TYPE OF REAL ESTATE IN THE PAST TWO YEARS? **Y N** _____

IF YES FOR WHAT VALUE? \$ _____

ARE YOU OR ANY OTHERS IN YOUR HOUSEHOLD FULL TIME STUDENTS? **Y N**

ARE YOU OR ANY OTHERS IN YOUR HOUSEHOLD PART TIME STUDENTS? **Y N**

DOES ANYONE IN THE HOUSEHOLD RECEIVE ANY TYPE OF SCHOLARSHIPS AND/OR GRANTS OR ANY OTHER SOURCE OF INCOME FOR SCHOOLING? **Y N**

IF THE QUESTION ABOVE IS "YES", PLEASE PROVIDE NAME OF SCHOLARSHIP/GRANT PROVIDER: _____ AND TOTAL FUNDING FOR TUITION, BOOKS, AND LIVING EXPENSES ANTICIPATED IN THE NEXT TWELVE MONTHS \$ _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ POSITION _____
 ADDRESS _____ PHONE/FAX _____ /
 Street City State Zip
 SUPERVISOR _____ EMPLOYED SINCE _____ GROSS WEEKLY SALARY _____
 PREVIOUS EMPLOYER _____ POSITION _____
 ADDRESS _____ PHONE/FAX _____ /
 Street City State Zip
 SUPERVISOR _____ EMPLOYED SINCE _____ GROSS WEEKLY SALARY _____
 SPOUSE'S EMPLOYER _____ POSITION _____
 ADDRESS _____ PHONE/FAX _____ /
 Street City State Zip
 SUPERVISOR _____ EMPLOYED SINCE _____ GROSS WEEKLY SALARY _____

OTHER SOURCE OF INCOME

Do you or anyone in the household receive: Welfare, Social Security, S.S.I., Pensions, Disability Compensation, Unemployment Compensation, Interest Income, Baby Sitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserve, AFDC, Contributions? Circle **Y** or **N** If yes, please list below.

HOUSEHOLD MEMBER	SOURCE OF OTHER INCOME	ANNUAL AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS

Checking Account(s)

Bank _____ Account # _____
 Bank _____ Account # _____

Savings Account(s)

Bank _____ Account # _____
 Bank _____ Account # _____
 Savings Certificate(s), Certificate(s) of Deposit, Money Market(s):
 Bank _____ Account # _____
 Bank _____ Account # _____

Credit Union Shares:

Credit Union Name _____ Credit Union Address _____
 Stock/Bonds (Value) \$ _____
 Life Insurance Policies; Term Policy? _____ Policy # _____ Company _____
 Agent _____ Phone # _____ Any Cash Value? _____ Amount _____

CREDIT

Company _____ Acct # _____ Company _____ Acct # _____
Company _____ Acct # _____ Company _____ Acct # _____

VEHICLE

Year & Make _____ Color _____ License No. & State _____
Year & Make _____ Color _____ License No. & State _____
Year & Make _____ Color _____ License No. & State _____

CURRENT INFORMATION -- Applicant represents that all of the above statements are true and complete, and hereby, authorizes verification of the above information, references, credit and criminal records. In addition to the foregoing, applicant(s) has paid to Landlord a non refundable fee for Landlord's costs and expenses in checking applicant's credit and criminal background. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination or right of occupancy and/or forfeiture of deposits and may constitute a criminal offense under the laws of this State.

APPLICATION PROCESSING CHARGE -- Applicant has submitted the sum of \$_____ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between the parties that in the event this application for said apartment is accepted or rejected by management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

APARTMENT HOLDING AGREEMENT -- Applicant has deposited an "Apartment Deposit" in consideration for owners taking a dwelling unit off the market while considering approval of this application. If applicant is approved by owner and the lease is entered into, the apartment deposit shall be credited to the required security deposit. If applicant fails to enter the lease, the "Apartment Deposit" shall be forfeited to owner. Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

Deposit Holding Fee \$_____ I understand that I may cancel this application within 72 hours after its' submission and receive full refund of this "deposit" within 30 days of the cancellation. If I cancel after 72 hours or refuse to enter into a lease on the agreed upon date* for a stated apartment, then the sum deposited shall be retained by management to serve as liquidation damages it will suffer by reason of my failure to enter into residency.

*Tentative move-in date based on construction date provided at date of application completion.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED. (Must be signed)

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

Leasing Agent _____ Date _____

