

# APPLICATION FOR RESIDENCY

PLEASE FILL OUT COMPLETELY - THANK YOU

## Please Tell Us about Yourself

Applicant		Last	First	Middle	Maiden	Date of Birth	Social Security #	Driver's License #
Marital Status	Present Phone No. ( )		8:00 to 5:00		CONTACT PHONE NO.: ( )		Ext.	
Have you ever had an eviction filed against you?		Yes		No		PETS (Keeping of pets requires a pet deposit and owner's consent)		
Present Address	Street #	Name	Apt. #	City	State	Zip	Breed	Age
Landlord Mtg. Co.	Name	Address	City	State	Zip	Rent/Mortgage Pymt	Own <input type="checkbox"/>	Since
Previous Address	Street #	Name	Apt. #	City	State	Zip	Rent/Mortgage Pymt	Own <input type="checkbox"/>
Have you or any occupants ever been arrested for, convicted of, put on probation for, or had adjudication withheld or deferred for a felony offense?							If yes, please explain	
Yes							No	

## Please Tell Us about Your Job

Present Employer	Name	Business Address	City	State	Phone No.
Position	Supervisor	Monthly Income	From / / to / /		
Previous Employer	Name	Business Address	City	State	Phone No.
Position	Supervisor	Monthly Income	From / / to / /		

## Please Give Us the Following Information

Emergency Contact	Name	Full Address	Phone No.
Automobile 1 <sup>st</sup> Car	Year	Make	Model
Automobile 2 <sup>nd</sup> Car	Year	Make	Model
Children Occupying	Name	Age	Name
Bank Ref	Name	Location	City

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 and/or Management Company. 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) must be paid to Landlord and/or Management company herewith the sum of \$ **50.00** as a **NON REFUNDABLE APPLICATION FEE** for costs, expenses and fees in processing the application. **APARTMENT DEPOSIT AGREEMENT**--Applicant has deposited an "APARTMENT DEPOSIT" of \$ \_\_\_\_\_ 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 apartment is taken the "APARTMENT 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 "APARTMENT DEPOSIT" shall be forfeited to the Landlord or Management in addition to any penalties as provided in the lease if the lease has been signed by the applicant. The "APARTMENT DEPOSIT" shall be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only, in no way implies that a particular rental unit shall be available and in no way obligates Landlord or Management to execute a lease or deliver possession of the proposed premises.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address (Please Print) \_\_\_\_\_

SECURITY DEPOSIT	\$ _____
PET SECURITY	\$ _____
PET FEE	\$ _____
CREDIT CHECK FEE	\$ _____
PAID WITH APPLICATION	\$ _____
BALANCE OF DEPOSIT DUE	\$ _____
FIRST MONTH'S RENT	\$ _____
TOTAL DUE BEFORE MOVE-IN	\$ _____
RECEIVED BY: _____	\$ _____
APPROVED BY: _____	\$ _____

OFFICE USE ONLY

COMMUNITY \_\_\_\_\_  
APT.# \_\_\_\_\_  
RENT \_\_\_\_\_  
APT. TYPE \_\_\_\_\_  
TERM OF LEASE \_\_\_\_\_  
MOVE-IN DATE \_\_\_\_\_  
CREDIT REPORT \_\_\_\_\_  
PHOTO I.D. \_\_\_\_\_

provided by The Law Offices of Heist, Weisse & Davis, P.A. 1 800 253 8428.