

APPLICATION FOR RESIDENCY

FOR OFFICE USE ONLY:		
APT. NO	TYPE	TERM
MONTHLY RENT \$	MI DATE	
CONCESSION \$	<input type="checkbox"/> 1x <input type="checkbox"/> Monthly	
LEASING CONSULTANT		
SOURCE		

Prior to completing this application, please review our STATEMENT OF RENTAL POLICY which outlines the details for Rental Criteria and Standards for approval.

PERSONAL INFORMATION

PRIMARY APPLICANT

LEGAL NAME _____
First MI Last

EMAIL _____ DATE OF BIRTH ____/____/____

PHONE (____) _____-____ SOCIAL SEC # ____-____-____

IDENTIFICATION _____ EXPIRATION ____/____/____
Type ID Number State

CO-APPLICANT

SPOUSE ROOMMATE

LEGAL NAME _____
First MI Last

EMAIL _____ DATE OF BIRTH ____/____/____

PHONE (____) _____-____ SOCIAL SEC # ____-____-____

IDENTIFICATION _____ EXPIRATION ____/____/____
Type ID Number State

OTHER OCCUPANTS

List anyone, not of legal age required to be considered as Co-Applicant. Refer to Statement of Rental Policy "Occupancy" for details:

FULL NAME _____	DOB: ____/____/____	RELATIONSHIP _____
FULL NAME _____	DOB: ____/____/____	RELATIONSHIP _____
FULL NAME _____	DOB: ____/____/____	RELATIONSHIP _____
FULL NAME _____	DOB: ____/____/____	RELATIONSHIP _____

EMERGENCY CONTACT

FULL NAME _____ RELATIONSHIP _____

EMAIL _____

PHONE (____) _____-____

Do you grant permission for our Agent(s) for Landlord to give access to your home for this Emergency Contact?
 Yes No

At your discretion, list any life threatening medical conditions we need to be aware of in case of an emergency:

ADDRESS HISTORY

PRESENT ADDRESS

House # _____ Street _____ Apt. # _____ City _____ State _____ Zip Code _____

RENT OWN NEITHER MONTHLY PAYMENT \$ _____ DATES (MO/YR) _____ TO _____

LANDLORD _____ PHONE (____) _____-____

If less than 2 years provide:

PREVIOUS ADDRESS

House # _____ Street _____ Apt. # _____ City _____ State _____ Zip Code _____

RENT OWN NEITHER MONTHLY PAYMENT \$ _____ DATES (MO/YR) _____ TO _____

LANDLORD _____ PHONE (____) _____-____

EMPLOYMENT

PRIMARY'S EMPLOYER

POSITION/TITLE _____

FULL TIME PART TIME RETIRED HOURS PER WEEK _____ DATES (MO/YR) _____ TO _____

SUPERVISOR _____ PHONE (____) _____-____

CO-APPLICANT EMPLOYER

POSITION/TITLE _____

FULL TIME PART TIME RETIRED HOURS PER WEEK _____ DATES (MO/YR) _____ TO _____

SUPERVISOR _____ PHONE (____) _____-____

INCOME

TOTAL ANTICIPATED GROSS INCOME FROM DATE OF MOVE-IN THROUGH THE NEXT 12 MONTHS

ANNUAL SALARY Including Fees, Tips, Commissions and Bonuses

ADDITIONAL/OTHER ANNUAL INCOME

Source: _____

TOTAL ANNUAL INTEREST EARNED on VALUE OF ASSETS

Source: _____

APPLICANT

CO-APPLICANT

_____	_____
+	+
_____	_____
+	+
_____	_____
TOTAL ANNUAL	TOTAL ANNUAL
=	=
_____	_____

VEHICLE

PROVIDE DETAILS FOR ANY VEHICLES, INCLUDING MOTORCYCLES THAT WILL BE PARKED AT OUR COMMUNITY.

Boats, Campers, Commercial Vehicles, trailers, etc. are not authorized at our Community unless designated rental areas are provided.

MAKE & MODEL _____ COLOR _____ TAG NO & STATE _____ REGISTERED TO _____

MAKE & MODEL _____ COLOR _____ TAG NO & STATE _____ REGISTERED TO _____



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PETS

DO YOU INTEND TO LIVE WITH A PET ON PROPERTY? Yes No IF YES, HOW MANY? _____

TYPE _____ BREED _____ WEIGHT _____ COMMENTS _____
TYPE _____ BREED _____ WEIGHT _____ COMMENTS _____

GENERAL

HAVE YOU AND/OR CO-APPLICANTS/OCCUPANTS:

If YES, please list dates and brief details:

1. Been Evicted? Yes No _____
2. Been convicted of a felony? Yes No _____
3. Have any criminal charges pending, awaiting disposition or looming in any way? Yes No _____
4. Do you have liability renter's insurance? Yes No Provided by: _____

FEES AND DEPOSITS

I hereby submit the following payments, as good faith monies, in order to reserve an apartment for occupancy:

Type	Required Amount	Amount Paid	Date Paid	Payment Type & Payment #
Non-Refundable Application Fee(s)	\$	\$		
Security Deposit (Premise)	\$	\$		
Non-Refundable Administrative Fee	\$	\$		
TOTAL AT TIME OF APPLICATION	\$	\$		

_____ I understand that Application Fee(s) paid and cover the expense incurred for application approval processing. This fee is non-refundable for any reason and is retained to cover the cost of processing application.

_____ I understand that if my application is approved, any security deposits paid (Premise) will become my refundable security deposit upon meeting the terms of the lease and the community rules and regulations. If for any reason management decides to decline my application, it is understood that management will fully refund Security Deposits and Administrative Fees paid.

_____ I understand that if this application is approved, and I fail to occupy the premises on the agreed upon date, or if I do not notify management in writing of my intent to cancel within 72 hours of application approval, that management may assess damages against the Security Deposit for the amount of rent lost and any expenses incurred due to my cancellation. I will also forfeit all other fees paid prior to occupying the apartment. *Exceptions will only be made if there is an unreasonable delay for available caused by construction or the holding over of a prior resident.*

CONSENT

By signing this application, I, the undersigned applicant(s), warrant and represent the information on this Application for Residency is true and correct and that Management/Owner is authorized to verify this information. However, I acknowledge and understand that Management/Owner undertakes no obligation to verify the accuracy of any information provided by me in this application. All persons/firms named may freely give any requested information concerning me, and I hereby knowingly and voluntarily waive all right of action for any consequence resulting from such information. In addition, I hereby authorize Management/Owner to release any and all information in this application on my behalf and for my benefit. Any false information, statement, or response on this application will constitute grounds for immediate rejection of this application and, if applicable, may lawfully serve as basis for lease termination and/or eviction.

_____/_____/_____
Primary Applicant's Signature Date Print Name
_____/_____/_____
Co-Applicant / Spouse Signature Date Print Name

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

TITLE VIII of the CIVIL RIGHTS ACT of 1986 and subsequent amendments make discrimination based on race, color, religion, sex, familial status, handicap or national origin illegal in connection with the rental of most housing. The Federal agency which administers compliance with this law concerning this company is 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 which administers compliance with this law concerning this company is the Equal Credit Opportunity, Federal Trade Commission, Washington D.C. 20580.

FOR OFFICE USE ONLY

1. **ALL APPLICATIONS must be APPROVED by the Community Manager before notifying Applicant(s) of results.**

2. **CREDIT & CRIMINAL HISTORY SCREENING** DATE: ____/____/____ SCORE: _____ Print Screening Results for file

3. **ACCEPTANCE DECISION** based on the information listed on the application(s) and screening results determine the APPLICANT(s) to be:

APPROVED

Approved w/CONDITIONS Additional Deposit Required \$ _____ or Risk Fee Option \$ _____

DECLINED BASED ON Credit Report Criminal History Landlord Debt Insufficient Income Falsified Info
 # of Occupants Pet Restrictions Other _____

Comments or Changes _____

4. **MANAGER APPROVAL:** _____ DATE: ____/____/____

5. **APPLICANT(S) NOTIFIED by:** _____ DATE: ____/____/____

6. **Adverse Letter/Reporting Agency details** were sent to the Applicant(s)

7. USPS Mail E-mail Picked up in Office Sent by Screening Agency DATE: ____/____/____

