



**APPLICATION FOR APARTMENT RESIDENCY**  
(Separate application required for all adults, except spouse)

1. Date: \_\_\_\_\_

2. Desired Date of Occupancy: \_\_\_\_\_

3. Name: \_\_\_\_\_ Married: \_\_\_\_\_ Single: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Present Zip Code: \_\_\_\_\_

4. Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

5. List of People Who Will Occupy Apartment

| NAME  | RELATIONSHIP | DATE OF BIRTH |
|-------|--------------|---------------|
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |

6. Will a pet of any type live in your apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

TYPE/BREED: \_\_\_\_\_ WEIGHT/HEIGHT: \_\_\_\_\_

SPAYED/NEUTERED: \_\_\_\_\_ LICENSED/DATE: \_\_\_\_\_

7. Do you have renter's insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Insurance Carrier: \_\_\_\_\_

8. RESIDENCE INFORMATION

**Present** Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Rent/Mortgage Amount: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs \_\_\_\_\_ mths.

Name of Apartment Community/Mortgage Company or Landlord: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous** Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Rent/Mortgage Amount: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs \_\_\_\_\_ mths.

Name of Apartment Community/Mortgage Company or Landlord: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

9. Person to notify and person you authorize to take possession of your personal property in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work/cell)

10. Have you or your spouse ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have your or your spouse ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dismissal or discharge date: \_\_\_\_\_

12. Are you or your spouse currently engaged in a criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

13. Have you or your spouse ever been convicted of a crime involving persons or property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

14. Do you or your spouse have any outstanding warrants for arrest? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do you or your spouse use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

16. EMPLOYMENT AND FINANCIAL INFORMATION

**Current** Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone number of Supervisor: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone number of Supervisor: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_ Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone number of Supervisor: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

17. Other Source of Income for Rental Payments: \_\_\_\_\_ Amount: \_\_\_\_\_

18. Your Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Spouse's Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicles you would like to park on property

| MAKE/MODEL | YEAR  | COLOR | LICENSE PLATE NUMBER | STATE |
|------------|-------|-------|----------------------|-------|
| _____      | _____ | _____ | _____                | _____ |
| _____      | _____ | _____ | _____                | _____ |
| _____      | _____ | _____ | _____                | _____ |

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, credit and criminal records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered before move in. Applicant acknowledges that discovery of false or misleading information after move-in could result in immediate eviction or provide cause to convert the proposed Rental Agreement to a month-to-month term.

Applicant understands that if the Application is NOT approved, all deposits, excluding any application fees, will be refunded (14-day delay required for bank clearance of check). Applicant also understands that if applicant WITHDRAWS Application after a 24-hour period, a cancellation fee will be deducted from the holding deposit.

Be advised that management and management's employees are agents of and represent the owner.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?

Referral \_\_\_\_\_ For Rent \_\_\_\_\_ Apartment Guide \_\_\_\_\_ Drive By \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_