

APPLICATION FOR OCCUPANCY

Date of Application: _____ Date of Deposit: _____ Apt #: _____

App: Fee _____ No CASH Accepted **POSITIVELY NO PETS!!!** Apartment Size: _____ Rental Rate: _____ Lease Dates: _____

Applicant's Name: _____ Date of Birth: _____ SS#: _____

Last First Middle

Marital Status: S M D W Drivers License No: _____ State _____ Cell Phone #: _____

Spouse's Name: _____ Date of Birth: _____ SS#: _____

Last First Middle

Drivers License No: _____ State _____ Cell Phone #: _____

Persons who will occupy Unit Listed Below: Total No: _____

Name	Age	Relationship	Name	Age	Relationship

Resident's History:

Present Address: _____ How Long: _____ Phone No: _____

Street City State Zip

Name of Landlord: _____ Address: _____ Phone No: _____

Monthly Rent: _____ Reason for Moving: _____

Previous Address: _____ How Long: _____ Phone No: _____

Name of Landlord: _____ Address: _____ Phone No: _____

Monthly Rent: _____ Reason for Moving: _____

Have You Ever Been Evicted From Any Leased Premises? _____ If Yes, Explain _____

Employment Information:

Present Employer: _____ Position: _____

Employers Address: _____ Phone No: _____

Supervisor: _____ Employed Since: _____ Gross Monthly Salary: _____

Are You Subject To Transfer? _____ Previous Employer: _____ How Long: _____

Spouse's Employer: _____ Position: _____

Employers Address: _____ Phone No: _____

Supervisor: _____ Employed Since: _____ Gross Monthly Salary: _____

Are You Subject To Transfer? _____ Previous Employer: _____ How Long: _____

Credit Information:

Have You or Your Spouse/Roommate Ever Filed Bankruptcy? _____ Year: _____

List Two Credit References: (Bank Loans, Credit Cards, Etc.)

1) _____

2) _____

Have You Ever Been Convicted of A Crime? Yes: _____ No: _____

If Yes, Please Explain: _____

Vehicle Information: (List All Vehicles To Be Parked At Premises)

Year/Make: _____ Color: _____ Tag No./State: _____ Owner: _____

Year/Make: _____ Color: _____ Tag No./State: _____ Owner: _____

Parent of Student Information: Class Level: FR SO JR SR GRAD School: _____

Parent's Name: _____ D.O.B. _____ SS# _____ Drivers License No: _____

Address: _____ Phone No: _____

How Long? _____ Present Monthly Rent: _____ Landlord: _____ Landlord's Phone No: _____

Present Employer: _____ Position: _____ Phone Number: _____

Supervisor: _____ Employed Since: _____ Gross Monthly Salary: _____

Previous Employer: _____ How Long: _____

Name of Person to Contact In Case of Emergency:

Name: _____ Relationship: _____ Phone No: _____

Address: _____

I understand that I have no rights to an apartment until my credit is approved, deposit is made, and lease is signed. The security deposit will be refunded only after completion of the terms specified in the lease agreement or tenant decides with in three (3) days of making deposit not to move in and notifies management. By signing this application permission is given to the Management Co. to investigate, including a credit check, criminal background and/or skip trace. The information supplied by the applicant and a full disclosure of pertinent facts may be made to the Management Co.

Signature: _____ Date: _____

Applicant

Signature: _____ Date: _____

Spouse

Signature: _____ Date: _____

Parent