

APPLICATION FOR RESIDENCY

WE SUBSCRIBE TO ALL FEDERAL, STATE & LOCAL FAIR HOUSING LAWS

This is **NOT** a lease or a rental agreement.



Addr	ess:							
Phon	e #:							
Emai	l:							
		UNIT IN	FORMATION					
The	e undersigned hereby makes application to							
	Security Deposit: \$			Lease ⁻ ey Paid: \$	Геrm:			
			D INFORMATIO					
will occupy	Applicant Must Complete a Separate Appli the unit at the time of move-in and throu TION OF INFORMATION IS GROUNDS FOR D	ghout the te	erm of the lease. APP	LICATION MUST BE CON	MPLETED IN FULL.			
N	AME: First, Middle, Last (Maiden)	M/F	Social Security #	Driver's License #	Birthdate: M/D/Y			
WHEDE CAN	I YOU BE REACHED? Davtime Phone:			Evening Phone:				
YES NO	·							
1123	Do you expect any additions to the h	nusehold w	ithin the next 12 mon	ths?				
	Has any person on this application be							
property, dr	rug-related felonious criminal activity or vio			•	•			
	Do you have or anticipate having any	pets? (Wei	ght, Breed, Age)					
	Do you owe past rent/monetary obligations to any current/previous landlord?							
	Do you wish to receive a written expl	anation of o	denial of tenancy?					
	E	MERGEI	NCY CONTACT					
Name:		Address:						

APPLICANT'S RENTAL H	ISTORY	Have you ever refuse	Yes	No	
INCLUDE INFORMATION FOR LAST 2	(TWO) YEARS	Have you ever been	evicted or asked to leave?	Yes	No
CURRENT ADDRESS		CITY/STA	TE/ZIP		
RENT \$	FROM (DA	TO (DATE)			
LANDLORD		PHONE	EMAIL		
PREVIOUS ADDRESS		CITY/ST	ATE/ZIP		
RENT \$	FROM (DATE)		TO (DATE)		
LANDLORD		PHONE	EMAIL		
PREVIOUS ADDRESS		сіту/sт	ATE/ZIP		
RENT \$	FROM (DA	TE)	TO (DATE)		
LANDLORD		PHONE	EMAIL		
	VE	EHICLE INFORMA	TION		
AR 1 PLATE #	MAKE/MOD	EL/YR/COLOR			
AR 2 PLATE #	MAKE/MOD	EL/YR/COLOR			
AR 3 PLATE #	MAKE/MOD	EL/YR/COLOR			
APPLICANT'S INCOMI	E/CREDIT: //	nclude all sources	of income you war	it consi	dered
PLACE OF EMPLOYEMENT			HOURS/W	к	
GROSS MONTLY INCOME \$	FROM (D	ATE)	TO (DATE)		
SUPERVISOR		PHONE	EMAIL		
PLACE OF EMPLOYEMENT			HOURS/W	К	
GROSS MONTLY INCOME \$	FROM (D	ATE)	TO (DATE)		
SUPERVISOR		PHONE	EMAIL		
PLACE OF EMPLOYEMENT			HOURS/W	к	
GROSS MONTLY INCOME \$	FROM (D	ATE)	TO (DATE)		
SUPERVISOR		PHONE	EMAIL		
PLACE OF EMPLOYEMENT			HOURS/W	К	
GROSS MONTLY INCOME \$ FROM (DATE)					
SUPERVISOR		PHONE	EMAIL		

OTHER SOURCES OF INCOME: Include all sources of income you want considered

NAME OF AGENCY						
GROSS MONTLY INCOME \$	FROM (DATE)	TO (DATE)				
CONTACT PERSON	PHONE	EMAIL				
NAME OF AGENCY		ТҮРЕ				
GROSS MONTLY INCOME \$	FROM (DATE)	TO (DATE)				
CONTACT PERSON	PHONE	EMAIL				
	NON-DISPARAGEME	NT CLAUSE				
ratifying, or endorsing or causing to ments, reviews, or remarks without event of breach of this paragraph, a	be made, published, ratified or endor the advanced written consent of the Party may obtain enforcement through and injunction relief, statutory damages	s, without limitation, refraining from making, published any disparaging or derogatory statements, comparty who is the subject of the information. In the gh litigation or arbitration and shall be entitled to respect to the costs, and actual reasonable attorney fees.				
The purpose of this application is to	SIGNATURE CL/ determine whether I qualify as a tens	AUSE ant. If my application is approved, the Landlord an				
shall sign a written lease. I have no	rental agreement with the Landlord b	pefore the time of lease signing.				
viction record and the statements meeporting agency that compiles and	nade in this application, and to obtain	ponsibility, income, rental and eviction history, con a consumer credit report on me from a consumer ationwide basis. My performance under any lease o ad to such reporting agency.				
and complete to the best of my know grounds for denial of my application	wledge. I understand that providing	ormation and answers to the above questions are trifalse information or making false statements may be may result in criminal penalties. I understand that the teria.				
EVERY ADULT MUST SIGN IN ORDER	TO HAVE A COMPLETED APPLICATIO	N				
Signature		Date				

Signature Date