



• APARTMENT COMMUNITIES •



APPLICATION FOR APARTMENT

(Select Apartment Community)

FULL NAME	SOC. SEC. NO.	TELEPHONE # ()	CELL # ()	DATE OF BIRTH
PRESENT STREET ADDRESS	CITY	STATE	ZIP	EMAIL

HOW LONG AT PRESENT ADDRESS?	LEASE? <input type="radio"/> YES <input type="radio"/> NO	DATE OF LEASE EXPIRATION	MONTHLY RENT \$	# OF ROOMS
PRESENT LANDLORD'S NAME	PRESENT LANDLORD'S ADDRESS		LANDLORD'S TELEPHONE # ()	
REASON FOR LEAVING				
PREVIOUS ADDRESS	HOW LONG AT PREVIOUS ADDRESS:	MONTHLY RENT \$		
PREVIOUS LANDLORD'S NAME	PREVIOUS LANDLORD'S ADDRESS		PREVIOUS LANDLORD'S TELEPHONE # ()	

EMPLOYER	HOW LONG EMPLOYED?	EMPLOYER'S TELEPHONE # ()		
BUSINESS ADDRESS		JOB TITLE		
SALARY \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME	SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE # ()	
PREVIOUS EMPLOYER	HOW LONG EMPLOYED?	PREVIOUS EMPLOYER'S TELEPHONE # ()		
PREVIOUS EMPLOYER'S BUSINESS ADDRESS				
SALARY \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME	OTHER INCOME \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR
VERIFICATION CONTACT				

PERSONS TO OCCUPY APARTMENT

(All occupants 18 and older must complete and sign an application.)

1. NAME	DOB	3. NAME	DOB
2. NAME	DOB	4. NAME	DOB

REMARKS (INCLUDING APARTMENT PREFERENCE AND DATE DESIRED)

DO YOU HAVE A PET? <input type="radio"/> YES <input type="radio"/> NO	DESCRIPTION	HOW DID YOU HEAR ABOUT US?
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YEAR AND MAKE OF VEHICLE	VEHICLE LICENSE #	STATE
YEAR AND MAKE OF SECOND VEHICLE	VEHICLE LICENSE #	STATE
EMERGENCY CONTACT	RELATIONSHIP	
ADDRESS	TELEPHONE # ()	

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant represents that the information set forth on this application is true and complete. Applicant authorizes verification of any information contained in this application and verification of credit history and criminal history from a consumer reporting agency. The deposits paid are not refundable if this application is approved following verification.

Dated _____

(Applicant's Signature)



PLEASE DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

AMOUNT RECEIVED

Security Deposit \$ _____ or None

Rent _____

Application Fee _____

Redecorating Fee _____

Other: _____

Total \$ _____

Apartment Rent \$	Apartment Type	Apartment Number	Account Number
Additional Rent \$	Security Deposit \$	Years Previously Occupied	Date Available
Term	From	To	Occupancy Date
<input type="radio"/> Furnished <input type="radio"/> Unfurnished	Rental Agent		Date
<input type="radio"/> Approved <input type="radio"/> Disapproved	By Whom		Date