

# APPLICATION FOR OCCUPANCY

## PERSONAL (please print)

APPLICANT NAME		ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
CO-APPLICANT/SPOUSE		ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
NUMBER & STREET			APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS
CITY/STATE/ZIP			CO-APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS
OTHER OCCUPANTS NAME	RELATIONSHIP	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. OR GOV'T PHOTO ID NO.	HOW MANY BEDROOMS ARE YOU REQUESTING?  _____	

Does your household require any accessibility features?  Yes  No Describe: \_\_\_\_\_

Does your household have any reasonable accommodation requests?  Yes  No Describe: \_\_\_\_\_

## INCOME (If more than 3 sources of income attach additional sheet.)

CURRENT SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
2ND SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
3RD SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			

## RESIDENCE HISTORY

PRESENT LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
IN CASE OF EMERGENCY NOTIFY (other than occupant)	TELEPHONE	DO YOU HAVE ANY PETS? IF SO, SPECIFY (type, breed, adult weight)	

HOW DID YOU HEAR ABOUT OUR COMMUNITY?

- |   |  |
|---|--|
| <input type="checkbox"/> NEWSPAPER        | <input type="checkbox"/> DRIVE BY          |
| <input type="checkbox"/> YELLOW PAGES     | <input type="checkbox"/> DIRECT MAIL       |
| <input type="checkbox"/> APARTMENT GUIDES | <input type="checkbox"/> REFERRED BY _____ |
| <input type="checkbox"/> INTERNET         | <input type="checkbox"/> OTHER _____       |



(PLEASE SEE REVERSE SIDE)



# APPLICATION FOR OCCUPANCY Continued

By signing this application, the undersigned hereby authorizes the property to obtain a credit report and/or criminal background investigation. The applicant has submitted the sum of \$ \_\_\_\_\_ which is nonrefundable payment for obtaining these reports. \_\_\_\_\_

Applicant Initials

I hereby deposit \$ \_\_\_\_\_ with Management as a good faith deposit in connection with this application. If application is approved and tenancy taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund this good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. \_\_\_\_\_

Applicant Initials

I (we) certify that the preceding information is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Management's immediate cancellation of our application. I (we) also authorize Management to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information which Management may require to evaluate this application.

WHAT DATE WOULD YOU LIKE TO MOVE IN? \_\_\_\_\_

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT/SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT OVER 18 \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT OVER 18 \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT OVER 18 \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT OVER 18 \_\_\_\_\_ DATE \_\_\_\_\_

MANAGEMENT AGENT \_\_\_\_\_

DATE-TIME-AGENT'S INITIALS \_\_\_\_\_

**REASON APPLICATION DECLINED:**

- Unfavorable credit check
- Unfavorable criminal conviction history
- Unfavorable report from previous landlord
- Incorrect information
- Number of occupants
- Other \_\_\_\_\_

**MONIES DELIVERED WITH THIS APPLICATION**

Deposit .....\$ \_\_\_\_\_

Credit Check Fee .....\$ \_\_\_\_\_

Pet Fee / Deposit .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_

Approved or  Declined By \_\_\_\_\_ Date \_\_\_\_\_

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

Application Update(s)	
<b>Office Use Only:</b>	
Date:	New Information:

