



## APPLICATION FOR RESIDENCY

Application fee \$ \_\_\_\_\_ THIS IS A NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK AND PROCESSING CHARGE FOR THIS APPLICATION. SUCH SUM IS NOT A RENTAL PAYMENT OR SECURITY DEPOSIT. THIS AMOUNT WILL BE RETAINED BY COMMUNITY OWNER TO COVER THE COST OF PROCESSING APPLICATION AS FURNISHED BY THE APPLICANT.

All occupants 18 years old and over must submit an application as a co-applicant or separate applicant.

### PERSONAL INFORMATION

PLEASE PRINT

Applicant's full name \_\_\_\_\_ Date of birth \_\_\_\_\_

First Middle Last

Marital status \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social security # \_\_\_\_\_ Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Co-applicant's full name \_\_\_\_\_ Date of birth \_\_\_\_\_

First Middle Last

Marital status \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social security # \_\_\_\_\_ Driver's license # \_\_\_\_\_ State \_\_\_\_\_

List name, date of birth and relationship of other persons under 18 occupying premises:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Pet(s)? Y N Non-refundable pet fee \$ \_\_\_\_\_

Type \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_ Breed \_\_\_\_\_ Gender: M F Spay/Neuter: Y N

Type \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_ Breed \_\_\_\_\_ Gender: M F Spay/Neuter: Y N

In case of emergency, notify (not living with you): Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

### RESIDENCE HISTORY

Applicant Present address \_\_\_\_\_

Street Apt. # City State Zip

Community name, landlord or mortgage holder \_\_\_\_\_ Phone \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Lease expires \_\_\_\_\_

MM DD YYYY

Reason for Moving \_\_\_\_\_

Have you ever had an eviction filed against you? Y N Have you ever broken a rental agreement? Y N

If Y to either question, where? \_\_\_\_\_

Co-applicant Present address \_\_\_\_\_

Street Apt. # City State Zip

Community name, landlord or mortgage holder \_\_\_\_\_ Phone \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Lease expires \_\_\_\_\_

MM DD YYYY

Reason for Moving \_\_\_\_\_

Have you ever had an eviction filed against you? Y N Have you ever broken a rental agreement? Y N

If Y to either question, where? \_\_\_\_\_



## EMPLOYMENT INFORMATION

Applicant's present employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code Position \_\_\_\_\_ Street Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY  
Work phone \_\_\_\_\_ Contact \_\_\_\_\_ Gross monthly income \$ \_\_\_\_\_  
Other Verifiable Income \_\_\_\_\_

Co-applicant's present employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code Position \_\_\_\_\_ Street Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY  
Work phone \_\_\_\_\_ Contact \_\_\_\_\_ Gross monthly income \$ \_\_\_\_\_  
Other Verifiable Income \_\_\_\_\_

## OTHER INFORMATION

Auto make/model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_  
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Auto make/model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

## APPLICANT'S CONSENT

Have you (or any co-resident) ever been convicted of a crime? Y N

If yes, explain \_\_\_\_\_

### AUTHORIZATION:

I hereby authorize the Sheriff's Department or other independent services or local law enforcement agencies to furnish the Community Owner with any information such agencies may have concerning me. I do hereby release the Community Owner, Sheriff's Department and other such agencies from all liability for any damage whatsoever incurred in furnishing, obtaining and using such information.

I further authorize the Community Owner to obtain a credit history and report concerning me, and hereby release the Community Owner and the credit-reporting agency from all liability for any damage whatsoever incurred in furnishing, obtaining and using such information.

Applicant and Co-Applicant each represent that all the above statements are true and hereby authorize verification of above information, references and credit records. Applicant and Co-Applicant each acknowledge that false information herein may constitute grounds for rejection of this application, terminating the right of occupancy, and forfeiture of deposits and may constitute a criminal offense under the laws of this State.

In the event that any payment of a deposit or fee required hereunder is unable to be processed due to insufficient funds or is not paid upon presentation to the designated depository or credit card company, the applicant shall immediately incur a non-sufficient funds charge of One-hundred Dollars (\$100). If the applicant does not pay any amount hereunder, including any non-sufficient funds charge, the community owner may submit all such amounts that are unpaid to a collections company.

Keys will be furnished only after: (a) the contemplated lease and other rental documents have been accepted by all parties; (b) applicable rentals and the security deposit and the non-refundable fees have been paid; (c) proof of renters insurance has been delivered to community owner. The initial rent payment will be due and payable upon the signing of the lease and other rental documents and will cover the period from the first day of the term through the remainder of that month. **Thereafter, all rental payments will be due and payable in advance on the first day of each month.**

Signature: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_  
Co-Applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPOSIT**

Refundable Premises Security Deposit and Non-refundable Reservation Fee will be refunded to Applicant if application is canceled by Applicant within 72 hours from submission of application for residency. All Refunds are issued via check. No fees or deposits will be refunded after 72 hours from submission of application for residency except as set forth in the paragraph below.

If my application is accepted, and all other requirements for delivery of keys to the premises are met, I understand the Refundable Premises Security Deposit will become my refundable security deposit upon meeting the terms of the Lease and Community Rules and Regulations. If for any reason, Community Owner decides to decline my application, then Community Owner will refund the Refundable Premises Security Deposit and the non-refundable fees, excluding the application fee, to me in full. If Community Owner accepts my application but is unable to allow me to occupy the premises on the date agreed because of a delay caused by construction or holding over of a prior resident, then I agree that my sole remedy shall be the return and refund of the deposits and non-refundable fees, including the application fee. I hereby waive my right to damages against Community Owner or management due to failure of Community Owner or management to provide the premises for occupancy. If I fail to occupy the premises on the agreed upon date, except for delay caused by construction or holding over of a prior resident, I understand that Community Owner shall assess as liquidated damages the Refundable Premises Security Deposit and non-refundable fees (except the Non-refundable Pet Fee) paid to Community Owner through the date of proposed occupancy, including the Non-refundable Application Fee, the Refundable Premises Security Deposit, and the Non-refundable Reservation Fee, and such amounts shall be considered liquidated damages and not a penalty to reimburse Community Owner for re-rental costs and expenses incurred due to any cancellation in view of the fact that the parties agree that such costs are difficult to ascertain. **It is understood that I shall have 72 hours from the date of submitting this application for residency in which to cancel this rental application and receive a return of the deposits and non-refundable fees, excluding the application fee. Any cancellation after 72 hours after submission of this application by the Applicant or Co-Applicant shall incur the liquidated damages noted above unless Community Owner should decline my application.** I further understand that all original forms must be returned to Community Owner and verifications must be completed prior to the move-in date.

**TITLE VIII of the CIVIL RIGHTS ACT OF 1996 makes discrimination based on race, color, religion, sex, familia status or national origin illegal in connection with the rental of most housing. The Federal agency that administers compliance with this law is the U. S. Department of Housing and Urban Development.**

**EQUAL CREDIT OPPORTUNITY ACT: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of sex or marital status. The Federal agency, which administers compliance with this law, is the Equal Credit Opportunity, Federal Trade Commission, Washington, D. C. 20580.**

THE UNDERSIGNED APPLICANT HEREBY DECLARES THAT THE REPRESENTATION OF FACT CONTAINED IN THE FOREGOING APPLICATION IS CONSIDERED PART OF MY LEASE AND ARE TRUE AND CORRECT. I AGREE THAT IF ANY INFORMATION HEREIN CONTAINED IS FALSE, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LANDLORD, BE TERMINATED AT ANY TIME. APPLICANT AUTHORIZES LESSOR TO VERIFY THE ABOVE STATEMENTS INCLUDING, BUT NOT LIMITED TO, BY THE USE OF CREDIT INFORMATION AGENCIES. IN THE CASE WHERE A CREDIT REFERENCE IS NOT AVAILABLE, A COMPLETE AND THOROUGH COMPANY FINANCIAL STATEMENT WILL BE PROVIDED UPON REQUEST.

Signature: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_  
Co-Applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_

-----FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE-----

Approval: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_ Move-in Date \_\_\_\_\_

Disapproval: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

If this Application was disapproved, was the Applicant given the name and address of the person or the reporting agency that verified the application? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Manager's Signature \_\_\_\_\_

Was a copy of the decline letter placed in the file with the application? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

