

APPLICATION FOR OCCUPANCY



NOTE: Please answer ALL sections/questions. If something does not apply to you, write "N/A" for "Not Applicable".

Applicant's Name: _____ Date: _____

Size Apartment Desired: _____ Date Range Needed By: _____

All persons to Occupy Apartment (including Applicant):

FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY # or ITIN #
1. _____	SELF	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**MUST PROVIDE 2 COMPLETE YEARS OF RESIDENCY HISTORY
(IF MORE THAN 2 RESIDENCES IN PAST 24 MONTHS PLEASE WRITE INFORMATION ON BACK OF THIS PAGE)**

Current Address: _____
Street address City State Zip

Cell Phone #: (____) _____ Work Phone #: (____) _____

Home Phone #: (____) _____ Email: _____

Landlord or Mortgagee: _____
Company Contact Phone #

Monthly Payment: \$ _____ Dates of Occupancy: _____
MM/DD/YYYY To MM/DD/YYYY

Reason for Moving: _____ Lease Expires: _____

Previous Address: _____
Street address City State Zip

Landlord or Mortgagee: _____
Company Contact Phone #

Monthly Payment: \$ _____ Dates of Occupancy: _____
MM/DD/YYYY To MM/DD/YYYY

Reason for Moving: _____ Lease Expires: _____

Have you ever lived at this Apartment Community in the past? Yes No

If yes, please provide the following:

- Under what name(s)? _____
- At What Address? _____
- What Dates did you reside in the community? _____

Applicant's Employer: _____

Address: _____
Street City State Zip

Phone #: (____) _____ How long employed? _____

Position: _____ Supervisor Name: _____

Gross Employment Income: \$ _____ per _____ (month/week/year)

Do you receive any of the following Income? Yes No

- Social Security/SSI/Pension: \$ _____ per _____ (month/week/year)
- Child Support: \$ _____ per _____ (month/week/year)
- Alimony: \$ _____ per _____ (month/week/year)
- Other: \$ _____ per _____ (month/week/year)

Co-Applicant's Employer: _____

Address: _____
Street City State Zip

Phone #: (____) _____ How long employed? _____

Position: _____ Supervisor Name: _____

Gross Employment Income: \$ _____ per _____ (month/week/year)

Do you receive any of the following Income? Yes No

- Social Security/SSI/Pension: \$ _____ per _____ (month/week/year)
- Child Support: \$ _____ per _____ (month/week/year)
- Alimony: \$ _____ per _____ (month/week/year)
- Other: \$ _____ per _____ (month/week/year)

Do you have a pet? Yes No

If yes, an Application for Pet must be completed. *(Please obtain the Application for Pet from Management)*

Have you or any person listed as an occupant above ever been convicted of (including guilty plea) any misdemeanor or felony? Yes No

If yes, please explain: _____

Are you or any person listed as an occupant above a current user of illegal drugs, including medical marijuana, or an abuser of alcohol? Yes No

If yes, please explain: _____

Are you or any person listed as an occupant above required to register, under the law of any state or of the United States, as a sex offender, domestic abuser or child molester? Yes No

If yes, please explain: _____

How did you hear about our apartment community? _____

Were you referred by one of our current residents? If so, what is their name? _____

Upon submission of this application for occupancy, Applicant(s) agrees as follows:

- (1) The deposit is earnest money. In the event an apartment is offered and a lease agreement is not executed, for any reason, the deposit will be retained and applied to the costs of processing the application and obtaining another resident for the apartment.
- (2) The deposit will be refunded if the application is rejected by the Apartment Community, less application fee.
- (3) In the event my/our check is returned for non-payment, I/We will be charged, in addition to the original application fee and deposit, an NSF Fee of \$50.00.
- (4) In the event any statement contained herein is untrue, this application will be rejected and the deposit will be retained to offset costs of processing, of obtaining another resident for the apartment, and other sales costs incurred in relation to applicant(s). In the event such untruth is discovered after execution of a lease agreement, such lease will be voidable at the sole discretion of the owner/landlord.
- (5) Neither applicant(s) nor any occupant or guest obtains any rights from, or is entitled to rely upon, any investigation or process undertaken by the owner/landlord as to any other applicant or resident.

I/We certify all of the above statements are true and complete. Inquiries may be made to verify the statements herein. I/We understand a credit report may be made to establish my eligibility for an apartment and my/our signature below authorizes the investigation.

Signature _____ Date _____

Signature _____ Date _____

Application Received By: _____ Date _____ Time _____

Printed Name: _____

FOR OFFICE USE ONLY

Applicant Name _____

Co-Applicant Name _____

HOLD DEPOSIT PAID APPLICATION FEE PAID DATE PD: _____
 ASSIGNED UNIT: PHASE # _____ BLDG # _____ APT. # _____
 UNASSIGNED DATE RANGE APT. NEEDED: _____
 SIZE APT. _____ BASE RENT \$ _____ LEASE TERM _____
 SPECIALS OFFERED _____
 PERSON PROCURRING LEASE: _____
 BAD RISK TENANT LIST CHECKED

 DATE APPLICATION ENTERED INTO COMPANY SOFTWARE: ____/____/____

REFERENCE REPORT

1. LANDLORD REFERENCES

Use *Landlord Reference form DSM190* for this section.

2. INCOME VERIFICATION

	INCOME SOURCE:	MTHLY INCOME AMT:	NAME OF PERSON SPOKE WITH (if applicable):
APPLICANT	_____	_____	_____
CO-APPLICANT	_____	_____	_____

3. CREDIT REPORT RECEIVED FROM CREDIT BUREAU FOR EACH ADULT APPLICANT:

CREDIT REPORT SATISFACTORY YES NO

IF NO, CREDIT CRITERIA WAIVER? YES NO

FOR PROPERTY MANAGER'S USE ONLY

APPROVED DATE: _____ BY: _____
 REJECTED DATE: _____ BY: _____

 REASON(S) _____

 REJECTION LETTER SENT: _____ DATE: _____

IF ACCEPTED, SCHEDULE MOVE-IN.

MOVE-IN DATE: DAY _____ DATE _____ TIME _____