

Guest Card #	Application \$/Check #	Security Deposit \$/Check #	Building/Apartment #	Approved	Application Date
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## Apartment Application and Agreement

\$25 non-refundable application fee required per adult (18 years or older)

I am applying for :  2 bedroom  3 bedroom  4 bedroom  town  garden

### Applicant #1

Name: First: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Best time to Contact \_\_\_\_\_  AM/PM

Driver's License/ID Number: \_\_\_\_\_ State \_\_\_\_\_ Referred by/Source: \_\_\_\_\_  
(copy of driver's license or identification required)

Emergency Contact #1 \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

### Personal References

Please list three (3) people who you have known at least two (2) years and who are not related to or work with.

Full Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_

### Employment Information

Full-Time  Part-Time  Unemployed  Self-Employed

Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_ Phone # \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Average Tips \$ \_\_\_\_\_ Fax # \_\_\_\_\_

Current Wage: \$ \_\_\_\_\_ Per:  Hour  Week  Month  Year

Do you have more than one job?  Yes  No Additional Source of Income: \_\_\_\_\_

### Residence History

Do you currently:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own      Month/Year moved in: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Utilities included:  Yes  No      If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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Month/Year moved out: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Information**

**Personal Information**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

- Are you or anyone in your household subject to a state sex offender lifetime registration requirement?  yes  no
- Have you or anyone in your household been currently engaged in illegal drugs?  yes  no
- Have you or anyone in your household been convicted of violating any drug related laws?  yes  no
- Have you ever:
  - Filed for bankruptcy?  yes  no
  - Been sued?  yes  no
  - ~~Been convicted of a crime?~~  yes  no
  - Do you have bed bugs at your current residence?  yes  no
  - Have you had bedbugs within the last 6 months?  yes  no
  - If so, did you comply with all procedural treatments to eradicate them from your personal belongings?  yes  no
  - Do you have any knowledge that you have bedbugs now?  yes  no

Note: Knowingly bringing bedbugs into the apartment is a violation of your lease, grounds for termination, and you will be responsible for all costs incurred by landlord to remove them from your apartment, and any surrounding apartments if necessary. Explain any "yes" listed above:

\_\_\_\_\_

Willfully or intentionally refused to pay rent when due?  Yes  No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Will this unit be your only place of residence?  Yes  No      If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant #2**

Name: First: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell # \_\_\_\_\_ Best time to Contact \_\_\_\_\_  AM/PM

Driver's License/ID Number: \_\_\_\_\_ State \_\_\_\_\_  
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Full Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Years known \_\_\_\_\_

**Employment Information**

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Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_ Phone # \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Average Tips \$ \_\_\_\_\_ Fax # \_\_\_\_\_

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Did you:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Parking Requirements**

Only vehicles listed below are permitted to park in residential parking lots or assigned garages.

Vehicle Make/Model \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

**Special Requirements**

Requesting Disabled/Medical Accessibility:  Yes  No Requirements \_\_\_\_\_

Are there anything special needs or accommodations we should know about? \_\_\_\_\_

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit. Upon acceptance of this application, I agree to execute a lease for twelve (12) months before possession of an apartment unit and to pay the security deposit, in accordance with the Apartment Deposit Policy after being notified of acceptance. Failure to pay the security deposit within the stated timeframe will affect the processing of my move in.

I warrant that all statements above are true and may be used by the landlord and managing agent in accepting or rejecting my application. The undersigned acknowledges that if misrepresentation is made and a lease signed, the misrepresentation is a material breach of the lease and the landlord will have the right to terminate the lease.

It is agreed that the applicant(s), if approved shall, immediately following notification to them of such approval, sign the necessary lease of the apartment applied for. If the applicant fails to sign a lease, their application may be regarded as being void and any deposit will be forfeited.

Lease Term: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Apartment Security Deposit Amount: \$ - \_\_\_\_\_  Paid Check # \_\_\_\_\_

Do you have a pet?  Yes  No If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_

Pet Fees Total **\$300.00 PER PET**  Refundable  Paid Check # \_\_\_\_\_

*(If a pet is acquired and approved by management after initial move-in, the non-refundable fee is due upon approval of pet. Please refer to the Pet Possession and Fee Agreement for details)*

It is also understood that there are **NO PETS ALLOWED ON THE PREMISES WITHOUT THE PERMISSION OF LANDLORD.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager/Representative

\_\_\_\_\_  
Date



