



APT # _____	APT TYPE _____
MONTHLY RENT _____	MOVE IN DATE _____
DEPOSIT _____	PRO-RATE _____
LEASE DATES _____	PET TYPE _____
SOURCE _____	

## APPLICATION FOR RESIDENCY

APPLICANT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

SPOUSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL/ HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

### OTHER OCCUPANTS:

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
First Middle Last

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
First Middle Last

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
First Middle Last

### RESIDENT HISTORY:

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(2 years required) Street Name Apt #

LANDLORD/ MTG COMPANY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LANDLORD/ MTG CO. PHONE \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT \ OWN  
Circle one

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Street Name Apt #

LANDLORD/ MTG COMPANY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LANDLORD/ MTG CO. PHONE \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ RENT \ OWN

### EMPLOYMENT:

PRESENT EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
(3 years required) Name Business Address City State Zip

POSITION \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_ SINCE \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
(3 years required) Name Business Address City State Zip

POSITION \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_ SINCE \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
(3 years required) Name Business Address City State Zip

POSITION \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_ SINCE \_\_\_\_\_

SPOUSE'S PREVIOUS EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
(3 years required) Name Business Address City State Zip

POSITION \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_ ANNUAL GROSS INCOME \_\_\_\_\_ SINCE \_\_\_\_\_

### EMERGENCY CONTACTS:

Name	Street	City	Zip	Phone	Relationship
_____	_____	_____	_____	_____	_____

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit (check one or more)  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.