

How did you hear about us?

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

O F C E	Apt. Type: _____ Apt #: _____	Monthly Rent \$ _____
	Application Fee: \$ _____ Paid: \$ _____	Other Rent \$ _____
	Security Deposit: \$ _____ Paid: \$ _____	Move In Date _____



### Application For Residency

P E R S O N A L I N F O	Applicant's Name: _____ / _____ / _____ DOB: _____ / _____ / _____ SS # _____ - _____ - _____
	Cell: _____ 2nd Phone: _____ Email Address: _____
	Co-Applicant or Co-Signer's Name: _____ / _____ / _____ DOB: _____ / _____ / _____ SS # _____ - _____ - _____
	Cell: _____ 2nd Phone: _____ Email Address: _____

Please list any other persons (under the age of 18) who will occupy the apartment;							
Name	/	/	Relationship	Name	/	/	Relationship

R E S I D E N T I A L	Present Address: _____ City: _____ State: _____ Zip: _____
	How Long: _____ Do you rent or own? _____ From Who? _____
	Landlords Address: _____ City: _____ State: _____ Zip: _____
	Reason for Moving? _____ Landlord Phone or Email: _____

If you have not lived at your present address for 1 year, please provide previous addresses and landlord information for a minimum of 1 year for all members of the household	
Previous Address: _____ City: _____ State: _____ Zip: _____	
How Long: _____ Did you own or rent? _____ From Who? _____	
Landlords Address: _____ City: _____ State: _____ Zip: _____	
Reason for Moving? _____ Landlord Phone or Email: _____	

E M P L O Y M E N T	Your Present _____ Position: _____
	Employer's Address: _____ Street _____ City _____ State _____ Zip _____ Phone #: _____
	Supervisors Name: _____ Supervisor's Phone #: _____
	Gross Monthly Salary: _____ Date Hired _____ <i>If employed less than 2 years at current job, please complete the section below:</i>
Your Previous Employer _____ Position: _____	
Employer's Address: _____ Street _____ City _____ State _____ Zip _____ Phone #: _____	
Supervisors Name: _____ Supervisor's Phone #: _____	
Gross Monthly Salary: _____ Date Hired _____ Date Left: _____ Reason for Departure: _____	

H I S T O R Y	Co-Applicant or Co-Signer's Present Employer: _____ Position: _____
	Employer's Address: _____ Street _____ City _____ State _____ Zip _____ Phone #: _____
	Supervisors Name: _____ Supervisor's Phone #: _____
	Gross Monthly Salary: _____ Date Hired _____ <i>If employed less than 2 years at current job, please complete the section below:</i>
Co-Applicant or Co-Signer's Present Employer: _____ Position: _____	
Employer's Address: _____ Street _____ City _____ State _____ Zip _____ Phone #: _____	
Supervisors Name: _____ Supervisor's Phone #: _____	
Gross Monthly Salary: _____ Date Hired _____ Date Left: _____ Reason for Departure: _____	

