

Misc. _____

APPLICATION FOR RESIDENCY

NAME	LAST	FIRST	MIDDLE	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #
NAME					DATE OF BIRTH	SOCIAL SECURITY #

SPOUSE
 MARITAL STATUS Married Single Single with Dependent Children Roommate
 PRESENT PHONE NO. () WORK PHONE NO. ()

REFERRED BY:
 APB Apartment Book BIL Billboard INT Other Internet Source
 APF Apartment Finder BRO Broker LAM Local Apartment Magazine
 APG Apartment Guide FOR For Rent Magazine RES Resident Referral
 APL Apartment Locator IN1 1 Internet Mktg. (Rentnet) SGN Signage
 Word of Mouth (Non-resident)

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? YES NO
 CURRENT AMOUNT OF RENT/MORT. PETS (Requires a pet deposit and owner's consent) CAT DOG OTHER BREED WT.

PRESENT ADDRESS (2 YRS. REQ.) STREET # NAME APT. # CITY STATE ZIP OWN RENT SINCE / /

LANDLORD MGT. CO. NAME ADDRESS CITY STATE ZIP PHONE NO. ()

PREVIOUS ADDRESS STREET # NAME APT. # CITY STATE ZIP OWN RENT FROM / / TO / /

LANDLORD MGT. CO. NAME ADDRESS CITY STATE ZIP PHONE NO. ()

PREVIOUS ADDRESS STREET # NAME APT. # CITY STATE ZIP OWN RENT FROM / / TO / /

LANDLORD MGT. CO. NAME ADDRESS CITY STATE ZIP PHONE NO. ()

PRESENT EMPLOYER (2 YRS. REQ.) NAME BUSINESS ADDRESS CITY STATE ZIP PHONE NO. ()

POSITION SUPERVISOR ANNUAL INCOME SINCE / /

PREVIOUS EMPLOYER NAME BUSINESS ADDRESS CITY STATE ZIP PHONE NO. ()

POSITION SUPERVISOR ANNUAL INCOME SINCE / /

SPOUSE'S EMPLOYER NAME BUSINESS ADDRESS CITY STATE ZIP PHONE NO. ()

POSITION SUPERVISOR ANNUAL INCOME SINCE / /

EMERGENCY CONTACT NAME FULL ADDRESS PHONE NO. ()

EMERGENCY CONTACT NAME FULL ADDRESS PHONE NO. ()

AUTOMOBILE YEAR MAKE MODEL COLOR TAG # AUTOMOBILE YEAR MAKE MODEL COLOR TAG #
 1st Car 2nd Car

RECREATIONAL VEHICLES - WHAT KIND

PERSONAL DESCRIPTION HAIR COLOR DRIVER'S LIC. # STATE SPOUSE'S DESCRIPTION HAIR COLOR DRIVER'S LIC. # STATE

OTHER OCCUPANT NAME BIRTHDATE / / OTHER OCCUPANT NAME BIRTHDATE / /

BANK REF. NAME LOCATION CITY STATE ACCT. # PHONE NO. ()

CREDIT CARD NAME LOCATION CITY STATE ACCT. # PHONE NO. ()

OCCUPATION
 ADM Administrative/Clerical EDU Education MGR Managerial/Professional SAL Sales
 CMP Computer/Data Processing GOV Government MAN Manufacturing SLF Self Employed
 CON Construction/Trade HRU Homemaker/Retired/Unemployed MED Medical STU Student

MILES TO WORK
 00 0 - 1 Mile 07 7 - 9 Miles 15 15 - 20 Miles 26 26 - 34 Miles
 01 1 - 3 Miles 10 10 - 14 Miles 21 21 - 25 Miles 35 35 or More Miles
 04 4 - 6 Miles

EDUCATION
 1 - NDP Less than High School 3 - 2YR 2 Year Degree - Some College 5 - GRAD Graduate Degree - Ph.D.
 2 - HS High School Graduate - GED 4 - YR 4 Year Degree

WHY ARE YOU RENTING?
 CONS House Under Construction NEW New to City SAV Saving for Down Payment
 ECON Economic Decision PRE Prefer Renting to Owning TEMP Temporary Work Assignment

TECHNICAL ISSUES/NEEDS
 # Computers Owned: _____ # Hrs./Week Spent on Internet: _____ # Phone Lines Needed: _____ E-Mail Address: _____

USE OF A HOME OFFICE
 DN Do not use a home office 11 11-20 Hours / Week AL I have no office other than my home office
 01 1-10 Hours / Week 21 21-40 Hours / Week

CERTIFICATION/NOTIFICATION: APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES AND CREDIT RECORDS. IN ADDITION TO THE FOREGOING, APPLICANT(S) HAS PAID THE SUM OF \$ _____ AS A NON-REFUNDABLE FEE FOR COSTS AND EXPENSES IN CHECKING APPLICANT'S CREDIT. APPLICANT ACKNOWLEDGES THAT FALSE INFORMATION HEREIN MAY CONSTITUTE GROUNDS FOR REFUSAL OF THIS APPLICATION, TERMINATION OF RIGHT OF OCCUPANCY AND/OR FORFEITURE OF DEPOSITS AND MAY CONSTITUTE CRIMINAL OFFENSE UNDER THE LAWS OF THE STATE. FURTHERMORE, APPLICANT UNDERSTANDS THAT AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION ABOUT PERSONAL CHARACTER INCLUDING CRIMINAL RECORDS MAY BE MADE. APPLICANT UNDERSTANDS THAT A WRITTEN REQUEST FOR THE NATURE AND SCOPE OF THE INVESTIGATION MAY BE MADE IF THIS IS DONE WITHIN A REASONABLE PERIOD OF TIME FOLLOWING THE DATE OF THIS APPLICATION FOR RESIDENCY.

APARTMENT DEPOSIT AGREEMENT: APPLICANT HAS DEPOSITED AN 'APARTMENT DEPOSIT' OF \$ _____ IN CONSIDERATION FOR OWNERS' TAKING THE DWELLING UNIT OFF THE MARKET WHILE CONSIDERING APPROVAL OF THIS APPLICATION. IF APPLICANT IS APPROVED BY OWNER AND THE LEASE IS ENTERED INTO, THE APARTMENT DEPOSIT SHALL BE CREDITED TO THE REQUIRED SECURITY DEPOSIT. IF APPLICANT IS APPROVED, BUT FAILS TO ENTER INTO THE LEASE, THE APARTMENT DEPOSIT SHALL BE RETAINED BY THE OWNER IN CONSIDERATION FOR THE OWNER HAVING TAKEN THE DWELLING OFF THE MARKET. THE APARTMENT DEPOSIT WILL BE REFUNDED ONLY IF APPLICANT IS NOT APPROVED. KEYS WILL BE FURNISHED ONLY AFTER THE LEASE AND OTHER RENTAL DOCUMENTS HAVE BEEN PROPERLY EXECUTED BY ALL PARTIES AND ONLY AFTER APPLICABLE RENTALS AND SECURITY DEPOSITS HAVE BEEN PAID.

THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE THE OWNER OR OWNER'S AGENT TO EXECUTE A LEASE OR DELIVER POSSESSION OF THE PROPOSED PREMISE.

EQUAL CREDIT OPPORTUNITY ACT: THE FEDERAL ECOA PROHIBITS FROM DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF SEX, OR MARITAL STATUS. THE FEDERAL AGENCY WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS APARTMENT IS FEDERAL TRADE COMMISSION, 1718 PEACHTREE ST., N.W., ROOM 1000, ATLANTA, GEORGIA 30309.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

APPLICANT'S SIGNATURE _____ DATE _____ REPRESENTATIVE'S SIGNATURE _____ DATE _____