

APPLICATION FOR RESIDENCY

FOR OFFICE USE ONLY	
APPLICATION FEE \$25.00 PER PERSON PAID:	YES: _____ NO _____
ADDRESS: _____	
DATE OF OCCUPANCY: _____	LENGTH OF LEASE: _____
MONTHLY RENT AMOUNT: _____	DEPOSIT AMOUNT: _____

APPLICANT:

Last Name: _____ First: _____ Middle: _____
Social Security #: _____ Drivers License # & State _____ Birthdate: _____
Current Address: _____
City, State & Zip Code: _____
Home Phone #: _____ Email: _____

Name of current Landlord/Property Manager: _____
Phone #: _____ Monthly Rent: _____
Residency Dates / From: _____ To: _____

Previous Address: _____
City, State & Zip Code: _____
Name of previous Landlord/Property Manager: _____
Phone #: _____ Monthly Rent: _____
Residency Dates / From: _____ To: _____

CURRENT EMPLOYER:

Address: _____ Phone: _____ Fax: _____
Supervisor Name : _____ Monthly Income: _____
Employed From: _____ To: _____
Job Position: _____

IF SELF EMPLOYED, VERIFICATION OF INCOME WILL BE REQUESTED.

CO-APPLICANT:

Last Name: _____ First: _____ Middle: _____
Social Security #: _____ Drivers License # & State: _____ Birthdate: _____
Current Address: _____
City, State & Zip Code: _____
Home Phone #: _____ Email: _____

Name of current Landlord/Property Manager: _____
Phone #: _____ Monthly Rent: _____
Residency Dates / From: _____ To: _____

Previous Address: _____
City, State & Zip Code: _____
Name of previous Landlord/Property Manager: _____
Phone #: _____ Monthly Rent: _____
Residency Dates / From: _____ To: _____

