

# APPLICATION FOR OCCUPANCY



**NOTE: Please answer ALL sections/questions. If something does not apply to you, write "N/A" for "Not Applicable".**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Size Apartment Desired: \_\_\_\_\_ Date Range Needed By: \_\_\_\_\_

All persons to Occupy Apartment (including Applicant):

FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY # or ITIN #
1. _____	SELF	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

### MUST PROVIDE 2 COMPLETE YEARS OF RESIDENCY HISTORY

(IF MORE THAN 2 RESIDENCES IN PAST 24 MONTHS PLEASE WRITE INFORMATION ON BACK OF THIS PAGE)

**Current Address:** \_\_\_\_\_  

Street address
City
State
Zip

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Landlord or Mortgagee: \_\_\_\_\_  

Company
Contact
Phone #

Monthly Payment: \$ \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_  

MM/DD/YYYY
To
MM/DD/YYYY

Reason for Moving: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  

Street address
City
State
Zip

Landlord or Mortgagee: \_\_\_\_\_  

Company
Contact
Phone #

Monthly Payment: \$ \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_  

MM/DD/YYYY
To
MM/DD/YYYY

Reason for Moving: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

Have you ever lived at this Apartment Community in the past?  Yes  No

If yes, please provide the following:

- Under what name(s)? \_\_\_\_\_
- At What Address? \_\_\_\_\_
- What Dates did you reside in the community? \_\_\_\_\_

**Applicant's Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: ( ) \_\_\_\_\_ How long employed? \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Gross Employment Income: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)

Do you receive any of the following Income?  Yes  No

- Social Security/SSI/Pension: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)
- Child Support: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)
- Alimony: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)
- Other: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)

**Co-Applicant's Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: ( ) \_\_\_\_\_ How long employed? \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Gross Employment Income: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)

Do you receive any of the following Income?  Yes  No

- Social Security/SSI/Pension: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)
- Child Support: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)
- Alimony: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)
- Other: \$ \_\_\_\_\_ per \_\_\_\_\_ (month/week/year)

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Do you have a pet?  Yes  No

If yes, an Application for Pet must be completed. *(Please obtain the Application for Pet from Management)*

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Have you or any person listed as an occupant above ever been convicted of (including guilty plea) any misdemeanor or felony?  Yes  No

If yes, please explain: \_\_\_\_\_

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Are you or any person listed as an occupant above a current user of illegal drugs, including medical marijuana, or an abuser of alcohol?  Yes  No

If yes, please explain: \_\_\_\_\_

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Are you or any person listed as an occupant above required to register, under the law of any state or of the United States, as a sex offender, domestic abuser or child molester?  Yes  No

If yes, please explain: \_\_\_\_\_

How did you hear about our apartment community? \_\_\_\_\_

Were you referred by one of our current residents? If so, what is their name? \_\_\_\_\_

Upon submission of this application for occupancy, Applicant(s) agrees as follows:

- (1) The deposit is earnest money. In the event an apartment is offered and a lease agreement is not executed, for any reason, the deposit will be retained and applied to the costs of processing the application and obtaining another resident for the apartment.
- (2) The deposit will be refunded if the application is rejected by the Apartment Community, less application fee.
- (3) In the event my/our check is returned for non-payment, I/We will be charged, in addition to the original application fee and deposit, an NSF Fee of \$50.00.
- (4) In the event any statement contained herein is untrue, this application will be rejected and the deposit will be retained to offset costs of processing, of obtaining another resident for the apartment, and other sales costs incurred in relation to applicant(s). In the event such untruth is discovered after execution of a lease agreement, such lease will be voidable at the sole discretion of the owner/landlord.
- (5) Neither applicant(s) nor any occupant or guest obtains any rights from, or is entitled to rely upon, any investigation or process undertaken by the owner/landlord as to any other applicant or resident.

I/We certify all of the above statements are true and complete. Inquiries may be made to verify the statements herein. I/We understand a credit report may be made to establish my eligibility for an apartment and my/our signature below authorizes the investigation.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Application Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Printed Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

<input type="checkbox"/> HOLD DEPOSIT PAID	<input type="checkbox"/> APPLICATION FEE PAID	DATE PD: _____
<input type="checkbox"/> ASSIGNED UNIT:	PHASE # _____ BLDG # _____	APT. # _____
<input type="checkbox"/> UNASSIGNED	DATE RANGE APT. NEEDED: _____	
SIZE APT. _____	BASE RENT \$ _____	LEASE TERM _____
SPECIALS OFFERED _____		
PERSON PROCURRING LEASE: _____		
<input type="checkbox"/> BAD RISK TENANT LIST CHECKED		
DATE APPLICATION ENTERED INTO COMPANY SOFTWARE: ____/____/____		

**REFERENCE REPORT**

**1. LANDLORD REFERENCES**

Use *Landlord Reference form DSM190* for this section.

**2. INCOME VERIFICATION**

	<b>INCOME SOURCE:</b>	<b>MONTHLY INCOME AMT:</b>	<b>NAME OF PERSON SPOKE WITH (if applicable):</b>
APPLICANT	_____	_____	_____
CO-APPLICANT	_____	_____	_____

**3. CREDIT REPORT RECEIVED FROM CREDIT BUREAU FOR EACH ADULT APPLICANT:**

CREDIT REPORT SATISFACTORY  YES  NO

IF NO, CREDIT CRITERIA WAIVER?  YES  NO

**PROPERTY MANAGER USE ONLY**

APPROVED DATE: \_\_\_\_\_ BY: \_\_\_\_\_

REJECTED DATE: \_\_\_\_\_ BY: \_\_\_\_\_

REASON(S) \_\_\_\_\_

REJECTION LETTER SENT: \_\_\_\_\_ DATE: \_\_\_\_\_

IF ACCEPTED, SCHEDULE MOVE-IN: DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_