

]	Each	adult	(18	or (older)	must	fill	out a	separate	applie	catio	1
---	------	-------	-----	------	--------	------	------	-------	----------	--------	-------	---

There is a <u>non-refundable</u> fee of \$25/adult to apply Check or Cash only-Please make checks payable to

First Midd	le Last	В	irth Date	S	ocial Security	#	Driver's License #
Any Other Names You'v	e Used In The Past		Home	Pho	ne		Cell Phone
			Emai	1	ASSE/ALES	PASHING.	CHELL - HEM I AVE
All Other Proposed Occu	pants	_	-		Birth Date	Relation	nship To Applicant
							
ENTAL DECIDENCE	HICTORY		· · · ·				
ENTAL/RESIDENCE	Current Re	sidence	Pre	viou	s Residence		Prior Residence
Street Address							7 1101 3103101010
City							
State & Zip			1				
Last Rent Amount Paid							
Owner/Manager						İ	
and Phone Number							
Reason for leaving							
s/Was rent paid in full?							
Did you give notice?	1						
Were you asked to move?							
Name(s) in which your utilities are now billed:	5						
utilities are now billed:	From/	То		F	om/To	25.1	From/To
Dates of Residency	R.						
MPLOYMENT HIST)PV					×	
MPLOTMENT RIST	Current Emp	lovment	Previ	nus i	Employment		Prior Employment
Employed By							21101 2111 1111
Address							
Employer's Phone							
Occupation							
Name of Supervisor							
Monthly Gross Pay							
	From/	Го		Fre	m/To	2 9	From/To
Dates of Employment							
REDIT HISTORY							
	E	Bank/Institu	tion Name			Balan	ce On Deposit or Balance Owed
Savings Account							
Checking Account							
Credit Card							
Auto Loan		· · · · · · · · · · · · · · · · · · ·					

NULLINEINCES &	EMERGENCY CONTAC	-10		I No control to the second sec
Name	Doctor		Lawyer	Nearest Relative Living Elsewhere
Street Address	1303		+	
City				
State & Zip				
Phone Number				
By signing the appli abandon the apart	cation you grant us permission t tment for any reason then you gr	o communicate w rant us permission	rith all the contacts listed in this section to allow your relative listed above to	in the event we can't locate you. Furthermore, if you emove all contents of the dwelling on your behalf.
BENERAL INFO		_		
		Do any of the	people	How long
Have you ever bee	n served a late rent notice?	who would b	e living in the apartment smoke?	do you think you would be renting from us?
Have you ever filed	d for bankruptcy? If so, when	n? When	would you be able to move in?	Have you ever been convicted of a felony?
Have you ever bee	n served an eviction notice?	If sn. when?	How many note do you have flict To	/pe, Breed, approx Weight & Age)?
Itare you ever bee	is served an eviction trotice.	II 30, WIICH . I	tow many pers do you mave (nst 1	pe, breed, approx weight & Age):
Have you had any	reoccurring problems with y	our current aps	artment or landlord? If yes, please	explain:
Why are you movi	ng from your current addres	J\$?	- Andrews	A second to the second
			(6)	
List any verifiable	sources and amounts of inco	me you wish to	have considered (optional):	A STATE OF THE STA
lf you were to run	into financial difficulty in th	e future and cou	aldn't come up with the money to p	ay the rent, do you know someone that would
loan you the mone	y? If so, provide the person's	name, address,	& phone # so that we can use ther	n as a reference for you.
Have you been a p	arty to a lawsuit in the past?	If yes, please ex	plain why:	and the second second second
W	14. 10. 10. 10. 10. 10. 10. 1	4 4 4	*	
we may run a crec	ait check and a criminal baci	ground check.	Is there anything negative we will	ind that you want to comment on?
How did you hear	about this apartment?			
110W did you liear	about uns apartment:			A STATE OF THE STA
		No. of Contrast Contr		Control of the second of the s
		Agreement	& Authorization Signature	
believe that the s				nd/or criminal check to be made, verificatio
f information I p	rovided and communication	on with any a	nd all names listed on this appl	ication. I understand that any discrepancy of
ack of information	n may result in the rejection	on of this appli	ication. I understand that this is	an application for an apartment and does no
onstitute a rental	or lease agreement in wi	hole or part. I	further understand that there i	s a non-refundable fee to cover the cost of
rocessing my ap	plication and I am not e	ntitled to a re	fund even if I don't get the a	partment. Any questions regarding rejecte
oplications must	be submitted in writing an	d accompanie	d by a self-addressed stamped e	nvelope.
ignature:				
DELIZIONES:			Date	12