



APPLICATION FOR RESIDENCY

ONE APPLICATION SHOULD BE FILLED OUT FOR EACH APPLICANT UNLESS THE APPLICANT AND CO-APPLICANT SHARE JOINT CREDIT

1. ABOUT YOU

Last Name	First Name	M
US Citizen? Y N	SSN or ITI N	Date of Birth
Have you ever been convicted of a felony? Y N Explain:	DL# State	
Have you ever been broken a rental agreement or apt lease? Y N Explain:	H home Phone	
Have you ever been declared bankruptcy or been in foreclosure? Y N Explain:	Work Phone	
Former Last Names	Marital Status	Cell Phone
Maiden Name	Military? Active / Reserve/ None	Email Address

2. OTHERS LIVING WITH YOU

Occupant 1 Name	DOB
Relationship to Applicant	SSN or ITIN
Occupant 2 Name	DOB
Relationship to Applicant	SSN or ITIN
Occupant 3 Name	DOB
Relationship to Applicant	SSN or ITIN
Pets? Y N	Type/ Breed/ Age/ Weight

3. CURRENT RESIDENCE

Rent?	Current Address (Street, City, State, Zip)	
Own?		
Landlord/Mortgage Company Name		
Your Phone #	Landlord/Mortgage Co Phone #	Monthly Payment
Move-In Date	Move-Out Date	Notice Given

4. PREVIOUS RESIDENCE

Rent?	Current Address (Street, City, State, Zip)	
Own?		
Landlord/Mortgage Company Name		
Your Phone #	Landlord/Mortgage Co Phone #	Monthly Payment
Move-In Date	Move-Out Date	Notice Given

5. CURRENT EMPLOYMENT

Employed By		
Address: Street, city, State, Zip		
Supervisor's Name	Salary/Wages (MONTHLY)	
Supervisor's Phone #/ HR Dept	Supervisor's Email	
Position/ Title	Start Date	End Date/ Present

6. PREVIOUS EMPLOYMENT

Employed By		
Address: Street, city, State, Zip		
Supervisor's Name	Salary/Wages (MONTHLY)	
Supervisor's Phone #/ HR Dept	Supervisor's Email	
Position/ Title	Start Date	End Date/ Present

ADDITIONAL INCOME: Child support, Alimony, Pension, Investment Dividends, Annuity, etc. Please List

Total/ Month

7. VEHICLES

Vehicle 1 Make/Mode/Color	Tag/State
Vehicle 1 Make/Mode/Color	Tag/State
Vehicle 1 Make/Mode/Color	Tag/State
Do you have an RV, Boat, Trailer, Commercial Vehicle or Motorcycle? Y N	Tag/State
>>List	Tag/State

8. BANK & CREDIT INFORMATION

Bank Name/ Acct Number	Account Type	
Bank Name/ Acct Number	Account Type	
Creditor 1	Amount Owed	Mthly Payment
Creditor 3	Amount Owed	Mthly Payment
Creditor 3	Amount Owed	Mthly Payment

9. PERSONAL REFERENCES & EMERGENCY INFORMATION

Family Physician	Address	City	State	Zip	Phone #
Emergency Contact I	Relationship	Address: City, State, Zip			Phone #
Emergency Contact I	Relationship	Address: City, State, Zip			Phone #
Emergency Contact I	Relationship	Address: City, State, Zip			Phone #

