



APPLICATION FOR RESIDENCY

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple.

APPLICANT INFORMATION

Name: Last First Middle Initial
Marital Status: Single Married Separated Divorced Widowed
Spouse: Last First Middle Initial
Current Address: Street City State Zip
Telephone: Email Address:

HOUSEHOLD INFORMATION

Please list all information for ALL household members who will occupy the unit, including yourself.

Table with 6 columns: Name (First, MI, Last), Relationship to Head of Household, Male/Female (Optional), Social Security Number, Date of Birth (MM/DD/YYYY), Student? (If yes, FT or PT)

Do you anticipate a change in household composition during the next twelve (12) months?
Will any of the above household members live anywhere except in the apartment?
Will any other persons live in the apartment on a less than full-time basis?
Does any member of the household have a need for accessible features (i.e. barrier-free apartment, grab bars, etc.)

If answered yes to any of the above, please explain:

EMERGENCY CONTACT INFORMATION

Name of Primary Contact: Last First Middle Initial
Current Address: Street City State Zip
Phone Number: Daytime Evening
Name of Secondary Contact: Last First Middle Initial
Current Address: Street City State Zip
Phone Number: Daytime Evening





HOUSING HISTORY

Please include the previous two (2) years of rental / housing history. If additional space is necessary, please attach a separate sheet.

Present Residence: Rent Own Other Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
Street _____ City _____ State _____ Zip _____

Landlord's Telephone: _____ Dates of Occupancy: _____ to _____

Reason for moving: _____

Previous Residence: Rent Own Other Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____
Street _____ City _____ State _____ Zip _____

Landlord's Telephone: _____ Dates of Occupancy: _____ to _____

Reason for moving: _____

Have you ever been evicted? Yes No If yes, please explain _____

VEHICLE / DRIVER INFORMATION

Vehicle #1: Year _____ Make _____ Model _____ Color _____
License Plate _____ State _____

Vehicle #2: Year _____ Make _____ Model _____ Color _____
License Plate _____ State _____

OTHER INFORMATION

Have you or any other adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes No
If yes, explain _____

Do you have any pets? Yes No If yes, what kind and size _____

Has any household member ever been convicted of any drug offense? Yes No
If yes, who and explain _____

Has any household member ever been convicted of a criminal offense? Yes No
If yes, who and explain _____

Are you or any household member listed on a state or federal sex offender registry? Yes No

Does anyone in your household have any criminal charges pending against them? Yes No
If yes, who and explain _____





EMPLOYMENT INFORMATION

Include all current employers. If more space is needed, attach a separate sheet.

Present Employer:

Employer's Address:

Street _____ City _____ State _____ Zip _____

Employer's Telephone:

Dates of Employment: _____ to _____

Occupation / Title:

Salary: \$ _____ / hour week month year

Average Hours worked / week

Do you work overtime at this job? Yes No

If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? Yes No

If yes, amount \$ _____ / hour week month quarter year

Second Employer:

Employer's Address:

Street _____ City _____ State _____ Zip _____

Employer's Telephone:

Dates of Employment: _____ to _____

Occupation / Title:

Salary: \$ _____ / hour week month year

Average Hours worked / week

Do you work overtime at this job? Yes No

If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? Yes No

If yes, amount \$ _____ / hour week month quarter year

Spouse's Employer:

Employer's Address:

Street _____ City _____ State _____ Zip _____

Employer's Telephone:

Dates of Employment: _____ to _____

Occupation / Title:

Salary: \$ _____ / hour week month year

Average Hours worked / week

Do you work overtime at this job? Yes No

If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? Yes No

If yes, amount \$ _____ / hour week month quarter year

STUDENT STATUS

Are there any adult family members who are full-time or part-time students?

Yes No

If yes, list whom and status (PT/FT) _____

Are there any adult family members who will become full-time or part-time students during the next 12 months?

Yes No

If yes, list whom and status (PT/FT) _____

If there are adult students in your household, how is tuition being paid? _____

If there are adult students in your household, please list the institutions in which they attend:

Student Name _____ School _____

Student Name _____ School _____



BENEFIT INCOME

Please list the total benefit income of all household members.
If a divorce decree, separation agreement, or court order exists, but payments are not received, list the amount ordered by the document.

Benefit Type	Received?	Household Member receiving benefit	Gross Benefit Amount	Time Period (per week, month, etc.)
Social Security (Adult)	Yes No			
Social Security (Child)	Yes No			
SSI (Adult)	Yes No			
SSI (Child)	Yes No			
Disability or Death Benefits	Yes No			
Public Assistance (AFDC, TANF)	Yes No			
Alimony	Yes No			
Child Support	Yes No			

OTHER INCOME

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member who receives the income.

Benefit Type	Received?	Household Member receiving benefit	Gross Income Amount	Time Period (per week, month, etc.)
Self Employment Income	Yes No			
Recurring cash or gift payments, including rent, utility, diapers, etc.	Yes No			
Worker's Compensation	Yes No			
Unemployment Benefits	Yes No			
Military/Reserves/National Guard Pay	Yes No			
Retirement Benefits	Yes No			
Pension Benefits	Yes No			
GI Bill Benefits	Yes No			
Periodic Payments from Lottery Winning	Yes No			
Regular Payments from Trust Account	Yes No			
Other	Yes No			



ASSET INFORMATION

Does any member of the household own any of the following types of assets?

Asset	Own? Yes No	Household Member with asset	Current Balance (average 6 mo bal for ck)	Interest Rate (If applicable)	Bank / Institution
Checking Account	Yes No				
Savings Account	Yes No				
Stocks / Bonds	Yes No				
Treasury Bills	Yes No				
Certificate of Deposit	Yes No				
Rental Property	Yes No				
Real Estate / Mortgage / Mobile Home	Yes No				
Safe Deposit Box	Yes No				
Deeds or Trusts	Yes No				
Annuities	Yes No				
IRA or Keogh	Yes No				
Personal Property (held for investment purposes)	Yes No				
Life Insurance Policy (not Term)	Yes No				
Cash On Hand	Yes No				
Other	Yes No				

Has any household member given away / sold any of the above assets at less than fair market value during the past two years? Yes No

If yes, when and explain _____

CONSENT / SIGNATURES

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to The Franklin Johnston Group, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I tender in addition to any security deposit, the amount of \$_____ which I acknowledge is the cost of procuring a consumer credit report. This fee is non-refundable. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury. Applicant understands rental rates are subject to change. In order to lock the current rental rate, an applicant must place a hold fee on the apartment.

A deposit of \$_____ is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be \$_____. If the applicant notifies the Landlord within three (3) calendar days after the execution of this application that the applicant no longer wishes to rent said apartment, Landlord agrees to return said deposit in full. Landlord reserves the right to retain the security deposit if, for any reason, prospective resident withdraws the application for tenancy, if said application is withdrawn after the time limit set out in the previous sentence.

By execution of this application, I hereby authorize The Franklin Johnston Group to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, The Franklin Johnston Group represents the Landlord in a real estate transaction.

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

SIGNATURES:

Applicant:

Spouse:

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date _____

Date _____

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple

Date Apartment Needed: _____ How did you hear about us? _____

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

Application

Approved: _____
Date

By: _____
Signature

Declined: _____
Date

By: _____
Signature

Reason _____