



APPLICATION FOR RESIDENCY

Date of Application _____

APPLICANT	CO-APPLICANT
Full Name _____ Last _____ First _____ Middle _____ Birth Date _____ Social Security # _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Optional) Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single # Dependents _____ Ages _____	Full Name _____ Last _____ First _____ Middle _____ Birth Date _____ Social Security # _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Optional) Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single # Dependents _____ Ages _____

APPLICANT'S RESIDENCE	CO-APPLICANT'S RESIDENCE
Current Street Address (2 years residence required, attach supplement if needed) _____ County _____ City _____ State _____ Zip _____ Mailing Address: (if different from physical) _____ Home Phone _____ Cell Phone _____ <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter How long at present address? ___ Years ___ Months <input type="checkbox"/> Parent <input type="checkbox"/> Other Monthly Mortgage/Rent _____ Mortgage Holder or Landlord's Name _____ Telephone Number _____ Previous Address (if current address is less than 2 years) _____ How long? _____ City _____ State _____ Zip _____ Name of nearest relative NOT living with you _____ Relationship _____ Phone _____	Current Street Address (2 years residence required, attach supplement if needed) _____ County _____ City _____ State _____ Zip _____ Mailing Address: (if different from physical) _____ Home Phone _____ Cell Phone _____ <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter How long at present address? ___ Years ___ Months <input type="checkbox"/> Parent <input type="checkbox"/> Other Monthly Mortgage/Rent _____ Mortgage Holder or Landlord's Name _____ Telephone Number _____ Previous Address (if current address is less than 2 years) _____ How long? _____ City _____ State _____ Zip _____ Name of nearest relative NOT living with you _____ Relationship _____ Phone _____

APPLICANT'S EMPLOYMENT HISTORY (Minimum **three** years, attach supplement if needed)

Current Employer _____ Position Held _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date Started _____ City _____ State _____ Zip _____ Supervisor's Name _____ Supervisor's Telephone Number _____
What is your base pay rate excluding commission, bonuses, and overtime: How are you paid? Hourly Rate: \$ _____ Weekly Salary: \$ _____ Biweekly Salary: \$ _____ Monthly Salary: \$ _____ Do you receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Total bonuses over the last 12 months? \$ _____ Do you receive commission? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Total commissions over the last 12 months? \$ _____ Do you consistently receive overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Total overtime over the last 12 months? \$ _____
Previous Employer _____ Position Held _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date Started _____ Date Left _____ City _____ State _____ Zip _____ Supervisor's Name _____ Supervisor's Telephone Number _____ Income _____
Previous Employer _____ Position Held _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date Started _____ Date Left _____ City _____ State _____ Zip _____ Supervisor's Name _____ Supervisor's Telephone Number _____ Income _____
Please provide an explanation for any job gaps greater than 30 days: _____

CO-APPLICANT'S EMPLOYMENT HISTORY (Minimum **three** years, attach supplement if needed)

Current Employer _____ Position Held _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date Started _____ City _____ State _____ Zip _____ Supervisor's Name _____ Supervisor's Telephone Number _____
What is your base pay rate excluding commission, bonuses, and overtime: How are you paid? Hourly Rate: \$ _____ Weekly Salary: \$ _____ Biweekly Salary: \$ _____ Monthly Salary: \$ _____ Do you receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Total bonuses over the last 12 months? \$ _____ Do you receive commission? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Total commissions over the last 12 months? \$ _____ Do you consistently receive overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Total overtime over the last 12 months? \$ _____
Previous Employer _____ Position Held _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date Started _____ Date Left _____ City _____ State _____ Zip _____ Supervisor's Name _____ Supervisor's Telephone Number _____ Income _____
Previous Employer _____ Position Held _____ Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date Started _____ Date Left _____ City _____ State _____ Zip _____ Supervisor's Name _____ Supervisor's Telephone Number _____ Income _____
Please provide an explanation for any job gaps greater than 30 days: _____

APPLICANT

CO-APPLICANT

Retired: Yes No _____
Date Retired _____ Length of Employment _____

Retired: Yes No _____
Date Retired _____ Length of Employment _____

APPLICANT'S OTHER INCOME

CO-APPLICANT'S OTHER INCOME

Income from SSI, retirement, disability, alimony, child support or separate maintenance agreement need not be disclosed if you do not wish to have it considered as a basis for undertaking or repaying this debt.

Child Support Monthly Amount: \$ _____ Ages of Children: _____
Alimony or Separate Maintenance: \$ _____ Duration: _____
Other Source: _____ How Long: _____ Monthly Amount: \$ _____

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APPLICANT'S ASSET AND CREDIT INFORMATION

CO-APPLICANT'S ASSET AND CREDIT INFORMATION

Applicant's Bank Name _____ Account Type _____ \$ _____
Balance _____

Applicant's Bank Name _____ Account Type _____ \$ _____
Balance _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Retirement/401K _____ Account Type _____ \$ _____
Balance _____

Retirement/401K _____ Account Type _____ \$ _____
Balance _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Auto #1: _____ \$ _____
Year _____ Make _____ Value _____

Auto #1: _____ \$ _____
Year _____ Make _____ Value _____

Lender _____ \$ _____ \$ _____
Payment _____ Balance _____

Lender _____ \$ _____ \$ _____
Payment _____ Balance _____

Auto #2: _____ \$ _____
Year _____ Make _____ Value _____

Auto #2: _____ \$ _____
Year _____ Make _____ Value _____

Lender _____ \$ _____ \$ _____
Payment _____ Balance _____

Lender _____ \$ _____ \$ _____
Payment _____ Balance _____

Other Asset #1: \$ _____
Value _____ Lender _____
\$ _____ \$ _____
Payment _____ Balance _____

Other Asset #1: \$ _____
Value _____ Lender _____
\$ _____ \$ _____
Payment _____ Balance _____

Other Asset #2: \$ _____
Value _____ Lender _____
\$ _____ \$ _____
Payment _____ Balance _____

Other Asset #2: \$ _____
Value _____ Lender _____
\$ _____ \$ _____
Payment _____ Balance _____

Other Asset #3: \$ _____
Value _____ Lender _____
\$ _____ \$ _____
Payment _____ Balance _____

Other Asset #3: \$ _____
Value _____ Lender _____
\$ _____ \$ _____
Payment _____ Balance _____

Are you a co-maker or guarantor on a note? Yes No
If yes, for whom? _____

Are you a co-maker or guarantor on a note? Yes No
If yes, for whom? _____

_____ \$ _____
Creditor Monthly Payment

_____ \$ _____
Creditor Monthly Payment

APPLICANT'S - DEBTS/OBLIGATIONS

CO-APPLICANT'S - DEBTS/OBLIGATIONS

Alimony/Maintenance: \$ _____ Expiration Date: _____

Alimony/Maintenance: \$ _____ Expiration Date: _____

Garnishment: \$ _____ Expiration Date: _____

Garnishment: \$ _____ Expiration Date: _____

Child Support: \$ _____ Ages of Children: _____

Child Support: \$ _____ Ages of Children: _____

QUESTIONS

Are you a U.S. Citizen?
Are you a permanent resident alien?
Have you declared bankruptcy within the last 10 years?
If yes, when did you file?
Have you had any judgments, repossessions, garnishments or other legal proceedings filed against you in the past 7 years?
Do you have any past-due obligations to or insured by any agency of the Federal Government?
Have you been convicted of a felony?

BORROWER

CO-BORROWER

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Date: _____

Date: _____

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application can be sufficient cause for eviction. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation credit agencies or bureaus of your choice.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Additional Applicant/Occupant _____

Approved By _____ Date _____

Additional Information

Other Occupants

Please provide the following information for all occupants of the household:

Last First Middle

Birth Date Sex: Male Female
(Optional)

Relationship to applicants

Last First Middle

Birth Date Sex: Male Female
(Optional)

Relationship to applicants

Last First Middle

Birth Date Sex: Male Female
(Optional)

Relationship to applicants

Last First Middle

Birth Date Sex: Male Female
(Optional)

Relationship to applicants

Pets

Please provide the following information for all pets of the household:

Type Breed Height Weight Markings Name

Type Breed Height Weight Markings Name