

# Application for an Apartment

Please PRINT this APPLICATION form and MAIL to the Apartment Community with Application fee of \$40.00 (Grant Village \$25.00)

## PERSONAL INFORMATION:

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_  
Present Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How Long at current address: \_\_\_\_\_ Lease: Yes  No  Lease Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Present Landlords Name: \_\_\_\_\_ Landlords Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Present Landlords Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ How long at previous address? \_\_\_\_\_

## EMPLOYMENT INFORMATION:

**Employer:** \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ How long employed? \_\_\_\_\_ Employer's Number: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Supervisor's Number: (\_\_\_\_) \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ (wk., biwk., mo. Yr.) Full-time  Part-time   
Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
How long employed? \_\_\_\_\_ Employer's Number: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Supervisor's Number: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ (wk., biwk., mo. Yr.) Full-time  Part-time

**OTHER INCOME:** Yes  No  Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (wk. Biwk. Mo. Yr.)  
Verification Contact & Number: \_\_\_\_\_

## LIST ALL OTHER OCCUPANTS: (including yourself)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

## PET INFORMATION: (if applicable)

Do you have a pet(s)? Yes  No  Type/Description(s): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I certify that all the information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit history from a consumer-reporting agency.

**\* The Security Deposit paid is not refundable if this application is approved following verification. \***

## FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE. THANKS.

Application Fee: (nonrefundable) .....	\$ _____ . _____	Name of Community: _____
Security Deposit: .....	\$ _____ . _____	Apt Address: _____
Pro-rated Rent: .....	\$ _____ . _____	Apt Number: _____
Monthly Rent Due: .....	\$ _____ . _____	Account No.: _____
Non Refundable Fees: .....	\$ _____ . _____	Apt. Type: _____
Pet Security Deposit: .....	\$ _____ . _____	Lease Dates: from: _____ / _____ / _____ to: _____ / _____ / _____
Monthly Pet Fee: .....	\$ _____ . _____	Move-in Date: _____
<b>TOTAL DUE:</b> .....	\$ _____ . _____	
Amount Received (with application): .....	\$ _____ . _____	Leasing Consultant: _____
Balance Due (at move-in): .....	\$ _____ . _____	Date: _____ / _____ / _____

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Approved  Declined, Reason \_\_\_\_\_  
By Whom? \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_