

APPLICATION FOR RESIDENCY
(Each co-resident must submit a separate application)

ADDRESS APPLYING FOR: _____ GARAGE: YES / NO

BASE RENTED QUOTED: \$ _____ GARAGE RENT QUOTED: \$ _____ LEASE TERM: _____
Approximate Move in date: _____

FULL NAME: (LAST) _____ (FIRST) _____ (M) _____
SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
DO YOU SMOKE?: _____ MAIDEN NAME: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

VEHICLES:	TYPE	COLOR	MAKE	LICENSE #	STATE	YEAR
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

NAMES & RELATIONSHIPS OF EVERYONE WHO WILL OCCUPY UNIT INCLUDING AGES OF MINORS:
1. _____ 3. _____
2. _____ 4. _____

PRESENT ADDRESS:

STREET: _____ APT. #: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RENT OR OWN: _____ DATES: _____ MONTHLY PAYMENT: _____
LANDLORD/LENDER: _____ PHONE: _____
STREET: _____ CITY: _____ STATE: _____
REASON FOR LEAVING: _____

PREVIOUS ADDRESS:

STREET: _____ APT. #: _____
CITY: _____ STATE: _____ ZIP CODE: _____
RENT OR OWN: _____ DATES: _____ MONTHLY PAYMENT: _____
LANDLORD/LENDER: _____ PHONE: _____
STREET: _____ CITY: _____ STATE: _____
REASON FOR LEAVING: _____

HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT, OR HAS ANY OTHER LANDLORD DENIED YOUR APPLICATION? YES / NO IF YES, PLEASE EXPLAIN: _____

CURRENT EMPLOYER:

EMPLOYER: _____ SUPERVISOR: _____
STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ START DATE: _____ POSITION: _____ GROSS INCOME: _____

PREVIOUS EMPLOYER:

EMPLOYER: _____ SUPERVISOR: _____
STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ START DATE: _____ POSITION: _____ GROSS INCOME: _____

OTHER INCOME:

TYPE OF INCOME	SOURCE/BANK	GROSS ANNUAL AMOUNT
_____	_____	_____
_____	_____	_____

BANK REFERENCES:

BANK NAME	LOCATION	ACCOUNT TYPE
_____	_____	_____
_____	_____	_____

HAVE YOU EVER BEEN CHARGED WITH, CONVICTED OF, OR PLEADED GUILTY OR "NO CONTEST", TO A FELONY (WHETHER OR NOT RESULTING IN A CONVICTION)? YES / NO IF YES, EXPLAIN

HAVE YOU IN THE PAST 3 YEARS USED AN ILLEGAL CONTROLLED SUBSTANCE? YES / NO

EMERGENCY CONTACT (NOT RESIDING WITH YOU):

NAME: _____ RELATIONSHIP: _____ PHONE #: _____
STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PET INFORMATION: TYPE: _____ BREED: _____ DECLAWED: _____ NEUTURED/SPAYED: _____

I hereby authorize High Property Management or any credit bureau or their investigating agency employed by High Property Management to investigate the reference and other data provided. In addition, investigate my credit and financial responsibility and criminal history. I have completely read and understand and agree to the terms of the "Application Disclosure."
Application Fee of \$ _____ per adult applicant is due by cash or local check in order to process the application. If married adults are applying, the Application Fee is \$ _____. I understand the application fee does not guarantee approval & is non-refundable if the application is denied.