

APPLICATION FOR RESIDENCY

Tell Us About Yourself		
First Name	Middle Name	Last Name
Date of Birth	Social Security Number	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address		Length of Occupancy
City	State/Zip Code	Telephone Number
This residence is: <input type="checkbox"/> Own Home <input type="checkbox"/> Parent's Home <input type="checkbox"/> Rented Apartment <input type="checkbox"/> Student Housing <input type="checkbox"/> Other		
Present Landlord or Mortgage Company		Monthly Payment
Former Address		Length of Occupancy
City	State/Zip Code	Telephone Number
This residence is: <input type="checkbox"/> Own Home <input type="checkbox"/> Parent's Home <input type="checkbox"/> Rental House / Apartment <input type="checkbox"/> Student Housing <input type="checkbox"/> Other		
Employment History		
Current Employer	Position or Title	Annual Income
Employer's Address	City, State	Phone Number
Supervisor's Name	Phone Number	Length of Employment
Former Employer	Position or Title	Annual Income
Supervisor's Name	Phone Number	Length of Employment
Other Sources of Income	Amount	Frequency
Type of Housing Need	Date Housing Needed:	Lease Term Desired
Townhouse 2 bedroom		
Townhouse 3 Bedroom		
1 Bedroom Apartment		
2 Bedroom Apartment		
Live / Work Housing		
Please Complete The Following Information		
Do you or do any of your occupants have any charges pending against you or them for any criminal offense?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or have any of your occupants ever been convicted of, pleaded guilty or "Sufficient Evidence" to, any criminal offense?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" to either question, give details and dates: Any evictions, suits, judgements, bankruptcies, foreclosures, etc?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" to either question, give details and dates: This is an ADA compliant, full access property. Please list any special accomodation needs that you or your co-tenants might have.		
PLEASE READ CAREFULLY AND SIGN BELOW		
Correct Information: Applicant hereby represents that all of the above statements are true and complete. Applicant hereby authorizes verification of the above information, references, and credit records and releases from all liability all persons and corporations requesting or supplying information. Applicant acknowledges that false, incomplete, or misleading information herein, may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, any may constitute a criminal offense under the law.		
For Office Use Only: L/C Name: _____ Base Rent: _____ Other Monthly Charges: _____ Specials Offered (if any): _____	Application Amount Received: _____ Holding Deposit Received: _____ Security Deposit: _____ Last Month's Rent: _____	Unit Type: _____ Lease Term: _____ Start Date: _____ End Date: _____
\$ 25 Holding Deposit made payable to Perryville Property Holdings is due with application. Notice of cancellation must be given within 72 hours of application, or otherwise stipulated by local or state law, or deposit is forfeited. A 20% discount is given for military and civil service employees.		
Applicant's Signature	Date Completed	Date Received/Receiver's Initials

