

APPLICATION FOR RESIDENCY

Venice Ranch M.H.E. Account# L2900R
MUST BE FILLED OUT COMPLETELY - THANK YOU

NAME		LAST	FIRST	MIDDLE	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #
SPOUSE / ROOMMATE							
PRESENT PHONE NO. ()				Email Address:			
HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES?				AMOUNT OF RENT			
PRESENT ADDRESS	STREET #	NAME	APT #	CITY	STATE	ZIP	OWN RENT ☐ ☐ SINCE / /
LANDLORD MTG CO.	NAME	ADDRESS		CITY	STATE	ZIP	PHONE NO. ()
PREVIOUS ADDRESS	STREET #	NAME	APT #	CITY	STATE	ZIP	OWN RENT ☐ ☐ FROM / / TO / /
LANDLORD MTG CO.	NAME	ADDRESS		CITY	STATE	ZIP	PHONE NO. ()
PRESENT EMPLOYER	NAME	BUSINESS ADDRESS		CITY	STATE	PHONE NO. ()	
	POSITION			SUPERVISOR	MONTHLY INCOME	SINCE / /	

O. U.

PREVIOUS EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	PHONE NO. ()
	POSITION		SUPERVISOR	MONTHLY INCOME	SINCE / /

O. U.

SPOUSE / ROOMMATE	NAME	BUSINESS ADDRESS	CITY	STATE	PHONE NO. ()
	POSITION		SUPERVISOR	MONTHLY INCOME	SINCE / /

O. U.

EMERGENCY CONTACT	NAME	FULL ADDRESS	PHONE # ()
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EMERGENCY CONTACT	NAME	FULL ADDRESS	PHONE # ()
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AUTOMOBILE 1st CAR	YEAR	MAKE	MODEL	COLOR	TAG #	2nd CAR	YEAR	MAKE	MODEL	COLOR	TAG #
PERSONAL DESCRIPTION	HT.	WT.	HAIR COLOR	DRIVER'S LIC. #	STATE	SPOUSE / ROOMMATE	HT.	WT.	HAIR COLOR	DRIVER'S LIC. #	STATE
CHILDREN OCCUPYING	NAME	AGE	NAME	AGE	NAME	AGE					
BANK REF	NAME	LOCATION	CITY	STATE	STATE	ACCT. #	PHONE # ()				
CREDIT CARD	NAME	BANK	ACCT. #	CITY	STATE	PHONE # ()					
CREDIT CARD	NAME	BANK	ACCT. #	CITY	STATE	PHONE # ()					

Have you ever been arrested for a misdemeanor and or felony? YES NO
Explain: _____

Have you ever been convicted for a misdemeanor and or felony? YES NO
Explain: _____

CORRECTION INFORMATION - Applicant represents that all of the above statements are true and complete, and hereby, authorizes verification of the above information, references and credit records in addition to the foregoing, applicant(s) has paid to Landlord herewith the sum of \$ 60.00 each applicant as a non-refundable fee for Landlord's costs and expenses in checking applicant's credit. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Furthermore, I understand that a investigative consumer report including information about my character, general reputation, personal characteristics, mode of living, all public record information including criminal records may be made. I understand that a written request for the nature and scope of the investigation if made within a reasonable period of time may be made. I understand that misrepresentation of the above information will void my lease/rental agreement and be grounds for immediate eviction with loss of all deposits. I authorize verification of this information by the Landlord or his agent.

APARTMENT DEPOSIT AGREEMENT - Applicant has deposited and "Apartment Deposit" in consideration for owners taking the dwelling unit off the market while considering approval of this application. If applicant is approved by owner and the lease is entered into, the apartment deposit shall be credited to the required security deposit. If applicant is approved but fails to enter the Lease, the Apartment Deposit shall be forfeited to owner. The apartment deposit will be refunded only if applicant is not approved. Keys will be furnished only after lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

EQUAL CREDIT OPPORTUNITY ACT - The Federal ECOA prohibits from discrimination against credit applicants on the basis of sex or marital status. The Federal Agency which administers compliance with this law concerning this apartment community is Federal Trade Commission. 1718 Peachtree St. N.W. Room 10000, Atlanta, Georgia 30308.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

SECURITY DEPOSIT	\$ _____
PET SECURITY	\$ _____
PET FEE	\$ _____
CREDIT CHECK FEE	\$ _____
PAID WITH APPLICATION	\$ _____
BALANCE OF DEPOSIT DUE	\$ _____
FIRST MONTH'S RENT	\$ _____
TOTAL DUE BEFORE MOVE-IN	\$ _____
RECEIVED BY: _____	DATE _____
APPROVED BY: _____	DATE _____

OFFICE USE ONLY

COMMUNITY	_____
APT. NUMBER	_____
RENT	_____
APT. TYPE	_____
TERM OF LEASE	_____
MOVE-IN DATE	_____
APS REPORT	_____
DATE ORDERED	_____
DATE RECEIVED	_____