

TODAY'S DATE _____
 MOVE-IN DATE _____
 LEASE TERM _____
 APT. NO. _____
 APT. TYPE _____
 MONTHLY RENT _____
 CONCESSIONS _____



APPLICATION FOR RESIDENCY
 (One Application For Each Applicant Is Required)

E-MAIL ADDRESS: _____

NAME _____ SOCIAL SECURITY # _____ BIRTH DATE _____
LAST FIRST MIDDLE

TOTAL # OF OCCUPANTS _____ NAME(S) AND BIRTHDATES OF CHILDREN _____

NAME(S) OF OTHER OCCUPANTS _____

PETS _____ TYPE _____ WEIGHT _____

RESIDENTIAL INFORMATION

PRESENT ADDRESS _____ PHONE # _____
ST.# / STREET NAME / APT.# CITY / STATE ZIP

PRESENT LANDLORD/MORTGAGE HOLDER AND ACCT.# _____ PHONE # _____

REASON FOR MOVING _____ LENGTH OF RESIDENCE _____ MONTHLY RENT/MORTGAGE AMOUNT _____

PREVIOUS ADDRESS _____ PHONE # _____
ST.# / STREET NAME / APT.# CITY / STATE ZIP

PREVIOUS LANDLORD/MORTGAGE HOLDER AND ACCT.# _____ PHONE # _____

REASON FOR MOVING _____ LENGTH OF RESIDENCE _____ MONTHLY RENT/MORTGAGE AMOUNT _____

EMPLOYMENT / INCOME VERIFICATION

PRESENT EMPLOYER _____ CITY & STATE _____ PHONE # _____

POSITION _____ LENGTH OF EMPLOY. _____ INCOME _____ PER _____ SUPERVISOR _____

PREVIOUS EMPLOYER _____ CITY & STATE _____ PHONE # _____

POSITION _____ LENGTH OF EMPLOY. _____ INCOME _____ PER _____ SUPERVISOR _____

ADDITIONAL INCOME \$ _____ PER _____ SOURCE OF INCOME _____

PERSON WHO WILL VERIFY INCOME _____ PHONE # _____ VERIFIED BY: _____

VEHICLE INFORMATION

FIRST VEHICLE _____
YEAR / MAKE / MODEL / TAG NO. / STATE / COLOR

SECOND VEHICLE _____
YEAR / MAKE / MODEL / TAG NO. / STATE / COLOR

REGISTERED TO: _____

REGISTERED TO: _____

DRIVERS LICENSE NO. _____

DRIVERS LICENSE NO. _____

STATE _____ ADDRESS SHOWN _____

STATE _____ ADDRESS SHOWN _____

IN CASE OF EMERGENCY, NOTIFY _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

HAVE YOU EVER BEEN EVICTED FROM A RENTAL RESIDENCE FOR NONPAYMENT OF RENT? _____ YES _____ NO
 FOR ANY OTHER REASON? _____ YES _____ NO

IF YES, LANDLORD NAME _____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, STATE CHARGES AND STATE AND COUNTY OF RECORD _____

I represent that all of the above statements are true and complete, and hereby authorize verification of above information, references and credit record. I acknowledge that false information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of all deposit(s) and may constitute a criminal offense under laws of this state.

WORTHING SOUTHEAST CORPORATION (WSE) acknowledges that Applicant has paid herewith a non-refundable processing fee of \$ _____. Applicant has deposited an Application Deposit in the amount of \$ _____ in consideration of WSE taking the apartment off the market while considering approval of this Applicant. If Applicant is approved and does not withdraw this application within (3) days (72 Hours) from the date of this application, the applicant deposit shall be forfeited unless Applicant enters into the contemplated lease. The Application Deposit will be refunded only if the Applicant is not approved or the application is withdrawn within (3) days. Keys will be furnished and possession delivered only after the contemplated lease and other applicable addenda have been properly executed by all parties and only after applicable rental and security deposit(s) have been paid.

Applicant's Signature _____ Date _____

Community Director's Signature _____ Date _____