



If faxing back application: 1-888-231-3316

Rental Address Being Applied For:

Street Address:	City:	Zip:
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Applicant Information

Name:		
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Date of birth:	SSN:	Phone:
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Email Address:	Drivers License#:	State Registered:
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How Many Vehicles: Two Unmarked Spaces per Condo

Vehicle #1:

Year: _____ Make/Model: _____ Tag# _____

Vehicle #2:

Year: _____ Make/Model: _____ Tag# _____

Do you have a boat/trailer you intend to take a parking space: Yes/ No

Current address:		
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City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Landlord / Property Management	Name:	Phone:
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Previous address:		
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City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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Landlord/Property Manager	Name:	Number:
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Employment Information

Current employer:		
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Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Hourly Salary (Please Code)	Annual Income:
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Please provide last 2 pay periods along with this application.

Pet Information

Do you have Pets: Yes / No Dog Owners Must Provide Current Vet Records Prior to Move In.

If yes, how many _____ Cats _____ Dogs

Pet #1
Breed: _____ Color: _____ Age: _____

Pet #2
Breed: _____ Color: _____ Age: _____

Emergency Contact

Name of a person not residing with you:

Address:

City	State:	ZIP Code:	Phone:
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Relationship:

Other Occupants

Please list any occupants under the age of 18

Applicant #2

Name:

Date of birth:	SSN:	Phone:
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Email Address:	Drivers License#	State Registered:
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How Many Vehicles:

Vehicle #1:

Year: _____ Make/Model: _____ Tag# _____

Vehicle #2:

Year: _____ Make/Model: _____ Tag# _____

Current address:

City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Landlord / Property Management	Name:	Phone:
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Previous address:

City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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Landlord/Property Manager	Name:	Number:
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Applicant #2

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Hourly Salary (Please Code)	Annual Income:
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References

Name:	Address:	Phone:
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I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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Signature of applicant #2:	Date:
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