

## APPLICATION FOR RESIDENCY

Rental Application for Resident and Occupants

Community:	Apartment #	Rent \$	S	Leasin	g Specialis	t:
Each co-resident and each occupant or	ver 18 years old must submit a	separate applicat	ion.	Date filled	out:	
ABOUT YOU: Full name (exactly as on driver's license or gover	nment ID card)		YOUR WOF	RK:		
			•	•		
Former last name (maiden & married):		ll l				
Your Social Security #:						
Driver's license # & state:			•			
OR government photo ID card #:						
Birth date:		II	•	•		
Current address where you live:		ll ll				
Current Rent:		II				
Phone:		ll l	Supervisor 5	phone		
Email:						
Name of apartment where you now live						
			Previous emp	lover:		
Current owner or manager's name:			-	•		
Their phone: D		ll ll				
Why are you leaving your present resid			City, State, Zip: Work phone: ( )			
, , ,		II	Position:			
Your previous home address:						
City/State/Zip:			Date you began this job:			
Apartment name:			Supervisor's name:			
Name of above owner or manager:						
Their phone:						
Previous Monthly rent: \$						
Date you moved in: D						
	,					
MUST INCLUDE 2 YEARS VI	ERIFIABLE RESIDENCE			MUST INCLUDE 2	YEARS VE	RIFIABLE EMPLOYMENT
OTHER OCCUPANTS: Full names of	of all persons under age 18 and	other adults who	will occupy t	he unit and sign form.		
NAME	DL or GOVT ID CARD	SOCIAL SEC	CURITY#	BIRTH DATE	SEX	RELATIONSHIP
WOND VICINGLES AND			1 1		1 DV	1
YOUR VEHICLES: List all vehicles margin.	to be parked by you, your spou	se, or any occupa	nts (including	g cars, trucks, motorcy	iles, KV s, ca	impers, boats, etc.) Continue in
MAKE, MODEL & COLO	R OF VEHICLE(S)	YEAR		LICENSE #		STATE
EMERGENCY:			OTHER	NEODMATION.		
EMERGENCY:				NFORMATION: r any other occupant h	ave a pet?	
(Emergency contact person over 18 who will	not be living with you.)		Ye	sNo		
Name:			If so, pleas	se indicate the type, we	eight, breed a	nd age:
Address:			ii so, pieus	e marcare are type, w	ngin, brood a	na age.
City/State/Zip:						
Phone/Work #:						
Relationship:						nagement, payment of
vo			applicable	fees/deposits, and ex	ecution of Pe	t Addendum.
If you are seriously ill, missing, or ir		_	How were	you referred?		
an affidavit of the above person, or it	Name of broker, internet site, publication:					
or more) the above person,						
parent to enter our dwelling to remove						
your property in the mailbox, storer	rooms and common areas. If	you				

are seriously ill or injured, you authorize us to send for an ambulance

at your expense. We're not legally obligated to do so.



YOUR RENTAL/CRIMINAL HISTORY:					
Have you or any occupant listed above ever:					
Been evicted or asked to move out?	Broken a rental agreement or apartment lease?				
Declared bankruptcy?	Been sued for non- payment of rent?				
Been sued for damage to rental property?	Been convicted of a felony?Pleaded Guilty of "No Contest" to a Misdemeanor or Felony				
Received deferred adjudication for a felony?					
	Involving Sexual Misconduct? If so, name State:				
Please indicate the year, the type and location of each felony. We may need to	discuss more facts before making a decision:				
You requested (?) the answer is "yes" to any item not checked above.					
ARE YOU LEGALLY ELIGIBLE TO LIVE IN THE UNITED STATES:	(Please check one)				
☐ Yes, I am a U.S. Citizen					
$\hfill \square$ Yes, I have valid documentation from the U.S. Immigration and Naturalizat	tion Service (INS) that allows me to be in the country;				
List source of documentation List ID #					
If you have an Individual Tax ID #, please provide in the following space	<del>.</del>				
DEPOSIT, CREDIT REPORT, CRIMINAL I	BACKGROUND CHECK & RENTER'S INSURANCE				
contained in this application in determining whether to approve or reject your a application is approved and if the applicant misrepresents any information in breach of the lease, which will result in a termination of the lease. I hereby le money order in connection with this application for residency. Of this amoun is for the Amenity Fee, which is per lease term. The ren this application is approved, I understand that the good faith deposit will be apreturned in full. If this application is approved, you will be offered the oppornotified of the approval of this application then the approval of this application including the entire deposit, which will be calculated on a per-diem rate by	cation to be true and correct. Management relies upon the accuracy of the information application. The terms of this application are deemed to be incorporated in the lease if the this application then this misrepresentation will be deemed a material and non-curable cave \$ with Roseland Management Company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the form of a check on the same of the company in the co				
Management Company to the fullest extent permitted by law to obtain a cr	oplicants to verify account credit ratings and you hereby give your consent to Roseland redit report on you. The results will be entered into the credit-scoring model, which e). Unfavorable accounts, which will negatively influence this score, include, but are not tellinquency.				
	nducted for each applicant and you hereby give your consent to Roseland Managemen ground check on you. The criminal search will be run for all addresses at which the				
	may obtain references from your prior landlord(s) your current and former employer(s fullest extent permitted by law to obtain references from your prior landlord(s) and from				
available through licensed agents and starts the day after you enroll or any fut	tee. The landlord does not cover your personal property and/or liability. Coverage is ture date that you select. Proof of the policy matching the lease term must be submitted d. The policy must provide that Roseland Management Company will be notified at lease tern's insurance is deemed to be a material and substantial term of your lease.				
By signing this Application, you certify that all persons over eighteen (18) year separate Application of Residency, and that each such occupant will sign the Le	rs of age who will be occupying the apartment home have completed and provided to us a ease at the time required by us.				
leasing services. Manager owes fiduciary duties such as loyalty and faithfulness to the ow owner. Under applicable law, prompt disclosure in writing of agency relationships to a	wner of the community in which you apartment is located as its representative for management and of the community. As our resident, we want you to understand that an agency relationship exists between us and the all actual and prospective parties to a transaction at the earliest practical time is encouraged and/of ansaction. Should you have any questions, please let us know and we will gladly answer them. By the Agency Disclosure.				
Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 national origin. The Federal Agency, which administers compliance with this law, is the U.S. Departm	8, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status on nent of Housing and Urban Development. Washington. DC 20410.				
EQUAL CREDIT OPPORTUNITY ACT The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit ap concerning this company, is the Equal Credit Opportunity, Federal Trade Commission, Washington, E	oplicants on the basis of sex or marital status. The Federal agency, which administers compliance with this lav DC 20680.				
THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS AP					
APPLICANT'S SIGNATURE AND DATE:					
MANAGER'S SIGNATURE AND DATE:					
FOR OFFICE USE ONLY					
Person accepting application:					
2. Person processing application:					
	or in person of acceptance or non-acceptance:				
(Deadline for applicant and all co-applicants to sign lease is three (3	B) days after notification of acceptance)				
4. Names of person(s) who were notified (at least one applicant must be notified	ed if multiple applicants):				
5. Name of owner's representative who notified above person(s):					



6. Manager Signature: \_