



## Application for Residency

(Every additional live-in resident over the age of 18 as of the lease commencement date must submit a separate application and sign the lease)

### CONSUMER NOTICE FOR TENANTS

*(Not to be used when licensee is subagent for the landlord, agent for the tenant or transaction licensee.)*

\_\_\_\_\_ (Licensee) hereby states that with respect to this property  
(Property Name) Village of Pineford, I am acting in the following capacity: (check one)

- ☐ Owner/Landlord of the Property;  
☐ A direct employee of the Owner/Landlord; OR  
☐ An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge I have received this Notice: \_\_\_\_\_  
(Consumer Signature) (Date)

I certify that I have provided this Notice: \_\_\_\_\_  
(Licensee) (Date)

Application Date: Aug. 08, 2017, 11:50 am

To Horst Realty, Agent for Owner hereafter referred to as HRe.  
I/We

Emmanuel B Nkgare  
(Applicant Name)

apply to lease apartment:

\_\_\_\_\_  
(Address of Apartment/Townhome)

for the term of \_\_\_\_\_ commencing on \_\_\_\_\_  
(Number of Month) (The 1<sup>st</sup> of the month following my move in date, unless my move in date is the 1<sup>st</sup>)

at the rental Rate of \$\_\_\_\_\_ per month.

Occupancy date \_\_\_\_\_ / 08/18/2017  
(Actual Move In Date) (Desired Move In Date)

On the date of occupancy of the apartment or the commencement date of the lease, whichever is earlier, I/we shall pay the rent for the first month of the term and all rent for the period from the date of occupancy to date of commencement of the term. I/we agree that in the event HRe is unable to deliver possession of the above apartment on the commencement date, HRe may at its option, offer an apartment of equal model and rental, which I/we shall accept in substitution of the above apartment.



**APPLICANT:**Full Name (Last) Nkgare (First) Emmanuel (MI) B Date of Birth 04/01/1997Social Security Number 000-00-0000Home Phone # (000) 000-0000 Cell Phone #  Work Phone # (000) 000-0000  
Area Code Area Code Area CodeE-mail Address: e.nkgare45@gmail.com Gender M Marital Status S  
Male/FemaleProof of Identification: Type PA Passport Identification # BN0543336  
(Examples: Driver's License, Passport, etc)Were you referred by a current resident?  If yes, Name & Address If you answered no to the last question, how did you hear about us? **LIST OTHERS WHO WILL RESIDE IN THE APARTMENT/TOWNHOME:**

Full Legal Name	Social Sec #	Relationship to Applicant	Date of Birth
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

**RESIDENCY INFORMATION** (Please include at least 2 years of prior residences):**Present Address:** Kgame Road Phone # (000) 000-0000City Gaborone State 00 Zip 00000 Monthly Payment Rent or Own?  Dates: From  /  To  /   
Month / Year Month / YearLandlord/Lender Name  City  State  Phone **Previous Address:**  Phone # City  State  Zip  Monthly Payment Rent or Own?  Dates: From  /  To  /   
Month / Year Month / YearLandlord/Lender Name  City  State  Phone 

**EMPLOYMENT INFORMATION** (Please include at least 2 years of employment):

**Current Employer:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employment Date: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Title \_\_\_\_\_

Gross Annual Salary \$ \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Employer:** (If Current employment is less than 2 years)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employment Date: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Title \_\_\_\_\_

Gross Annual Salary \$ \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER INCOME:**

Type of Income	Source / Bank	Gross Annual Amount
_____	_____	_____
_____	_____	_____

**Relative /Emergency Contact (Not Residing With You):**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**VEHICLES:**

Make	Model	Color	License#	State	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PETS:**

Name	Type	Gender	Weight	Breed	Color	Age
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Note:** Keeping of pet requires consent of management, payment of applicable fees and execution of Pet Addendum. For further details, please refer to Owner's Pet and Community policies.

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**Disclosures:**

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the Fair Housing Laws is the United States Department of Housing and Urban Development.

**Application Fee**

I hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my rental liability shall commence pursuant to the terms of the lease. I agree that the \$ 35 application fee is to cover the various costs associated with processing the application. I agree to this amount being retained by the Owner regardless of whether the application is approved or denied. I understand the application fees accompanying this application are non-refundable after I execute this application and will not be applied against the security deposit or any rent payable pursuant to the Lease.

**Holding Fee**

In addition to the application fee, I agree that the \$ 200 holding fee accompanying this application shall be retained by Owner to hold the unit identified on page one of this application for occupancy by me, upon approval of this application and execution of a Lease. If my application is rejected for any reason other than the falsification of information provided by me, the holding fee shall be refunded to me. If my application is accepted, but I notify Owner that I do not desire to lease the unit within TWO days of being notified of my approval, the Holding Fee will be returned to me. If I cancel the application after the two day period has expired, I agree that the holding fee be retained by Owner as a cancellation fee. I understand that if I occupy the unit, the Holding Fee will be applied to my first month's rent.



**Any unanswered "yes" or "no" question shall result in the denial of your application.**

Have you or any member of your household ever been convicted or pled guilty or "no contest" for a felony charge?

☐ Yes ☒ No

Have you or any member of your household ever been convicted or pled guilty or "no contest" to a sexual offense?

☐ Yes ☒ No

Have you or any member of your household ever been listed on a registry of sexual offenders?

☐ Yes ☒ No

Have you or any member of your household ever been convicted or pled guilty or "no contest" to a drug related drug offense?

☐ Yes ☒ No

Are you or any member of your household a Specially Designated National or other Blocked Person designated by the United States government as a person who commits or supports terrorism or is involved in international narcotics trafficking?

☐ Yes ☒ No

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Have you or any member of your household ever:

Filed bankruptcy (in last 10 years)? No Been evicted from tenancy? No

Refused to pay rent when due? No

I have read and completed this application in its entirety and certify that the information herein is TRUE and CORRECT.

**By signing this application, I authorize Owner or agent for Owner to verify my Credit History, National Criminal History any other information contained herein.**

In connection with your apartment Application, a consumer or credit reporting agency may be asked to make an investigative consumer or credit report on you.

I understand and hereby authorize agent/owner and any National Criminal, consumer or credit reporting agency or bureau employed by it to investigate my character, general reputation, mode of living, credit and financial responsibility and the statements made with the Application and to inquire and check with persons and references named herein and also authorize(s) such credit or consumer reporting agency or bureau to make a consumer or credit report in connection therewith

Any false statement on the application will lead to the rejection of my application and/or immediate termination of my lease. Further, if I am involved in conduct which would result in a "yes" response to any of the questions above, (even after I sign the lease and take possession of the apartment / townhome), I understand the Owner may terminate the Lease.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

