

Fountain Lakes Apartments
APPLICATION FOR RESIDENCY

MUST BE 18 YRS OLD

NO PETS ALLOWED

DATE _____
APPLICANT'S NAME _____ DOB _____ SS# _____
FIRST MIDDLE LAST

MARITAL STATUS _____ DRIVER'S LICENSE _____ STATE _____

SPOUSE'S NAME _____ DOB _____ SS# _____
FIRST MIDDLE MAIDEN

OTHER OCCUPANTS:
NAME DOB RELATIONSHIP NAME DOB RELATIONSHIP
NAME DOB RELATIONSHIP NAME DOB RELATIONSHIP

RESIDENT'S HISTORY:
PRESENT ADDRESS _____ PHONE NO _____ HOW LONG? _____

APT NAME OR LANDLORD _____ ADDRESS _____ PHONE NO _____

MONTHLY RENT _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____ HOW LONG _____

APT NAME OR LANDLORD _____ ADDRESS _____ PHONE NO _____

MONTHLY RENT _____ REASON FOR MOVING _____

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? _____ IF YES, EXPLAIN _____
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? _____ IF SO, EXPLAIN _____

EMPLOYMENT INFORMATION:
PRESENT EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE NO _____

SUPERVISOR _____ EMPLOYED SINCE _____ GROSS MONTHLY SALARY _____

PREVIOUS EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE NO _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____ GROSS MONTHLY SALARY _____

SPOUSE'S EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ BUSINESS PHONE NO _____

SUPERVISOR _____ EMPLOYED SINCE _____ GROSS MONTHLY SALARY _____

VEHICLE INFORMATION:
YEAR & MAKE _____ COLOR _____ LICENSE NO.& STATE _____ REGISTERED TO _____

YEAR & MAKE _____ COLOR _____ LICENSE NO.& STATE _____ REGISTERED TO _____

GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN _____

EMERGENCY CONTACT:
NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE NUMBER _____

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing the application as furnished by the applicant and any false information will constitute grounds for rejection of application.

DEPOSIT

The undersigned warrants and represents the information on this rental application to be true and correct. All persons and/or firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequences resulting from such information. I hereby deposit _____ with Management as a good faith deposit in connection with this application for residency. If my application is accepted, I understand this amount will be applied toward payment of my total security deposit of \$ _____. If, for any reason, Management decides to decline my application, then Management will refund this good faith deposit to me in full. I understand I will be charge \$ _____ for the processing of this application. If this application is approve and I fail to occupy the premises on the agreed upon date, except for delay caused by construction of the holding over of a prior resident, I understand that Management will access damages against the deposit for the amount of rental lost or any expenses incurred due to my cancellation.

Applicant's Signature _____ Spouse's Signature _____

TITLE VIII of the CIVIL RIGHTS ACT of 1968 makes discrimination based on race, color, religion, sex, or national origin illegal in connection with the rental of most housing. The Federal agency, which administers compliance with this law concerning this company: Department of Housing and Urban Development, 1100 Commerce St., Dallas, Texas 75202 and Department of Housing and Urban Development, 1371 Peachtree St., N.E., Atlanta, Georgia.