



Application for Residency

General Information:

Name: \_\_\_\_\_
Date: \_\_\_\_\_
First Middle Last

Address: \_\_\_\_\_
Street City State Zipcode

Telephone:(\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: ( )Married ( )Single

If married, name of spouse: \_\_\_\_\_
First Middle Last

Spouse's Telephone: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name, Address and Telephone No.(s) of all children or nearest relative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone legally authorized to handle your financial and personal matters? ( )Yes ( )No
If yes, list their name(s), address(es),and telephone no(s):Indicate type of Power of Attorney:

By signing below, you are authorizing a credit check/criminal background check to be performed. Also, by signing this form, Applicant attests and represents that all of the information provided by Applicant in this Application is fully accurate and complete. Applicant acknowledges that if Landlord enters into a lease agreement with Applicant,

*Landlord may evict Applicant for any untrue or false information which Applicant provides in this Application.*

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
If applicable, spouse or 2<sup>nd</sup> person  
signature: \_\_\_\_\_ Date: \_\_\_\_\_