NAME OF RESIDENT



I AM INTERESTED IN A	□ 2-BEDROOM	□ 3-BEDROOM	APPLICATION FEE IS \$35/ adult.
APPLICANT'S FULL NAM	1E:		FOR AGENT USE ONLY: Site:
FIRST	MIDDLE LAST		Туре:
SS#:			Address:
DRIVERS LIC#:			Garage:
DOB:			Extras:
<i>5</i> ,	12/11		Pet(s):
SPOUSE'S FULL NAME:			Pet(s): Value: \$
			Lease Term: Value: \$
FIRST	MIDDLE LAST		Total Rent: \$
SS#:			Possession Date:
DRIVERS LIC#:			Total Deposit Due: \$
DOB:/			Application Fee Paid: \$
			Total Deposit Paid: \$
PRIMARY PHONE:			AVAIL. LIST □ RESIDENT DATA SHEET □
OTHER PHONE:			WEEKLY REPORT □ M/I CALENDAR □ PRORATED RENT: \$
HOME EMAIL:			Rolodex Change of Status M/I Package Card
			Gas ☐ Water ☐ Electric ☐ Cover Sheet ☐
□ Single □ Other	□ Married □ Wid	owed 🗆 Separated	New Tenant Folder
PLEASE LIST ALL OTHER	RESIDENTS TO OCCU	JPY PREMISES:	
NAME OF RESIDENT		RELATIONSHIP	AGE
NAME OF RESIDENT		RELATIONSHIP	AGE

RELATIONSHIP

AGE



CREDIT REFERENCES:			
Checking Acct #:	Bank:		
Savings Acct #:	Bank:		
PERSONAL REFERENCES: (Use Local	When Possible)		
Name:			<u>-</u>
Address:			
City:	State:	Zip:	
Phone:			
Applicant Parents:			
Name:			
Address:			
City:	State:	Zip:	
Phone:			
Spouse's Parents:			
Name:			
Address:			
City:	State:	Zip:	
Phone:			
IN CASE OF EMERGENCY:			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Relationsh	in·	



ANSWER 'YES' or 'Have you any colle	_	or even taken bankrupt	tcy, had property	foreclosed, or giver	deed
in lieu thereof? □	YES □ NO				
Have you ever bee	en evicted from an a	apartment or violated a	a rental agreemer	nt or contract? □ YE	S 🗆 NC
Have you ever bee	en a defendant/part	icipant in a lawsuit? 🗆	YES 🗆 NO		
Do you intend to ι	use the premises oth	ner than a residence? I	□ YES □ NO		
Have you ever bee	en convicted of a fel	ony? □ YES □ NO			
Have you ever bee	en convicted of bein	g a sex offender or de	signated as a sexu	ıal predator? □ YES	□ NO
Please Explain any	'YES' answers:				
PETS: □ YES □ N	0				
Type of Pet:	Age:	Breed:		Color:	
Weight:	Name:		-		
Type of Pet:	Age:	Breed:		Color:	
Weight:	Name:		_		
NUMBER OF AUTO	OS OWNED BY ALL (OCCUPANTS: Total #:	(I	Please Describe)	
		OF RESIDENCE (PLEASE		-	
City:		State:	Zip:		
Present Landlord	or Mortgagor				
Monthly Payment	:				
Month & Year Mo	ved In:/	Planned N	Nove Out:	/	
Owner:					
Landlord's or Mor	tgagor's Phone #: _	-			
Reason for Leaving	σ·				



PREVIOUS Address:					
City:	State:		Zip:		
Present Landlord or Mortgagor					
Monthly Payment:			_		
Month & Year Moved In:/_	P	lanned Move Οι	ut:	_/	
Owner:					
Landlord's or Mortgagor's Phone #:					
Reason for Leaving:					
PREVIOUS Address:					
City:					
Present Landlord or Mortgagor					
Monthly Payment:			_		
Month & Year Moved In:/_	P	lanned Move Ou	ut:		
Owner:					
Landlord's or Mortgagor's Phone #:					
Reason for Leaving:					
PLEASE GIVE YOUR EMPLOYMENT INF Applicant's Present Place of Employment					
Work Phone:					
Starting Date:/	J	Position:			
Supervisor's Name/Phone #:					
Employer's Address:					
City:	Sta	te:	Zip:		
Applicant's Weekly Gross Income:					
Applicant's Gross Annual Income:					

the Landlord with his forwarding address.



Spouse's Present Place	ce of Employ	ment:					
Work Phone:							
Starting Date:	/	/	Positio	on:			
Supervisor's Name/Ph	none #:						
Employer's Address: _							
City:			State:		_ Zip:		
Applicant's Weekly G	ross Income:						
Applicant's Gross Ann	ual Income:						
PLEASE BE SURE TO R Applicant(s) represenverification of referen Applicant(s) further u	ts that the st	atements al					
above made in order	to obtain an	y public reco	ord and credit h	history.			
The Applicant(s) make to be assigned hereaf the Landlord.							•
It is understood by the the Landlord or the Aunit.		-					_
It is understood by the furnished upon reque		s) that a cop	y of the Lease <i>i</i>	Agreeme	ent used b	y the Landlo	ord will be
An APPLICATION FEE Applicant(s) to be held (1) Applicant(s) execut approved; or (3) Application for the date of the prior to the date of t	d by the Land te a Lease in icant(s) infor	dlord unit: a form pres m the Landl	sented by the L ord in writing o	Landlord; of his int	; (2) this A _l ention to v	oplication is withdraw sa	aid Application

It is understood that upon execution of a Lease in the form presented by the Landlord this Application Fee will not be credited toward the Security Deposit requirement under said Lease.



It is further understood that in the event this Application is rejected or if the Applicant(s) informs the Landlord, according to the requirements set out herein, of his intentions not to rent, the Application fee will not be returned to the Applicant(s). Once the Application is approved and an address is assigned, in the event the Applicant(s) does not move-in or cancels, all monies paid will be forfeited.

IN NO EVENT WILL THE APPLICATION FEE BE RETURNED TO THE APPLICANT(S).

Applicant's Initials: D	Oate:	_
Applicant's Signature		
Spouse's Initials: Dat	e:	
Spouse's Signature		
Agent:		_
Date:	_	
FOR AGENT USE ONLY APPLICANT'S EMPLOYMENT:		
SPOUSE'S EMPLOYMENT:		
RESIDENCE:		
CREDIT/OTHER:		
DATE ASSIGNED & ACCEPTED BY APPLICANT:		
LEASING AGENT:		
DATE:	APPROVED:	DENIED:
COMMENTS.		



Authorization Request

To Whom It May Concern:

I hereby authorize you to release Village Green Apartments, for verification purposes, information concerning:

- 1. Employment, dates, title, income, hours worked, etc.
- 2. Banking and Saving Account(s) of record.
- 3. Mortgage loan rating, credit and criminal report; (opening date, high credit, payment amount, loan balance and payment record.)
- 4. Rental history; (Term of Lease, Payment History, Problems and/or any derogatory information.)

Also, I hereby authorize utility service to be established in my name and agree to pay for such service. This information is for the confidential use of Village Green Townhomes. A photographic or carbon copy of this Authorization, (being photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original. Your prompt response and cooperation to this request is greatly appreciated.

Signature:	
Signature:	
Social Security #:	
Signature:	
Social Security #:	