

The Shores on Broadway

APPLICATION FOR RESIDENCY

Today's Date _____

Desired Unit Type _____

Desired Occupancy Date _____

Head of Household

Applicant Name _____ Social Security No. ____ / ____ / ____

Present Address _____ Date of Birth ____ / ____ / ____

City _____ State _____ ZIP _____ - _____ How Long? _____

Home Telephone (____) ____ - _____ Work Telephone (____) ____ - _____

Spouse or Co-Applicant

Applicant Name _____ Social Security No. _____ - _____ - _____

Present Address _____ Date of Birth ____ / ____ / ____

City _____ State _____ ZIP _____ - _____ How Long? _____

Home Telephone (____) ____ - _____ Work Telephone (____) ____ - _____

Marital Status Single Married Widowed Divorced Other _____

In case of emergency, contact: Name _____ Relationship _____

Address _____ Telephone (____) ____ - _____

ALL persons who will occupy the unit:

Name	Sex	Relationship to Applicant	Date of Birth	Social Security Number
_____	____	Applicant	____ / ____ / ____	____ - ____ - ____
_____	____	_____	____ / ____ / ____	____ - ____ - ____
_____	____	_____	____ / ____ / ____	____ - ____ - ____
_____	____	_____	____ / ____ / ____	____ - ____ - ____
_____	____	_____	____ / ____ / ____	____ - ____ - ____

Present Landlord :

Name _____ Address _____ Phone (____) ____ - _____

Previous Address _____ How Long? _____ Previous

Landlord _____ Address _____ Phone (____) ____ - _____

Previous Address _____ How Long? _____

Previous Landlord _____ Address _____ Phone (____) ____ - _____

Complete all applicable information on any income received by all persons to occupy the unit:

Applicant Name _____ Rate of Pay _____ Per Hour Week Month Year

Present Employer _____ Supervisor _____ How Long? _____

Address _____ Phone (____) ____ - _____ Number of hours worked per week _____

Co-Applicant Name or

Previous Employer _____ Rate of Pay _____ Per Hour Week Month Year

Present Employer _____ Supervisor _____ How Long? _____

Address _____ Phone (____) ____ - _____ Number of hours worked per week _____

(Over Please)

List below any income derived from sources other than employment and indicate who receives the income:

<i>Type</i>	<i>Amount per Month</i>	<i>Received by</i>
Unemployment	_____	_____
Social Security	_____	_____
Pension	_____	_____
Dividends (includes stocks, bonds, treasury bills, etc)	_____	_____
Disability Income	_____	_____
AFDC	_____	_____
Welfare/Relief	_____	_____
Child Support	_____	_____
Other _____	_____	_____

List below any assets held by any member of the applicant household:

	<i>Account Number</i>	<i>Name on Account</i>	<i>Balance</i>
Checking	_____	_____	\$ _____
Savings	_____	_____	\$ _____
Money Market	_____	_____	\$ _____
Certificate of Deposit	_____	_____	\$ _____
IRA	_____	_____	\$ _____
Other	_____	_____	\$ _____

Have you disposed of any assets for less than Fair Market Value during the two preceding years? Yes No
 If yes, by whom? _____ Date disposed _____ Description _____

Credit References:

Company _____ Address _____ Account # _____
 Company _____ Address _____ Account # _____

Do you have any past-due accounts? Yes No If yes, list below:
 Name & Amount due: _____ Name & Amount due: _____

Miscellaneous Information:

Are you a full-time student? Yes No If yes, where? _____

Automobiles: Model _____ Year _____ License Plate # _____
 Model _____ Year _____ License Plate # _____

Do you have a pet? Yes No If yes, what kind? _____ Pet's weight _____

Have you been convicted of a crime? Yes No If yes, please explain: _____

Have you always paid your rent or house payment on time? Yes No If no, explain: _____

Have you ever been evicted due to fraud, non-payment of rent, failure to cooperate with recertification procedures or other lease violations? Yes No If yes, explain: _____

How did you hear about our apartments? Newspaper Sign Resident Phone Book Other

I authorize you to obtain investigative credit and criminal reports in connection with this application. I understand that this is a preliminary application and gives no lease or rent rights. Additional information will be required to complete processing of prospective residents. I have read this Application and I hereby state and represent that the information provided by me in this Application is complete and accurate, and I acknowledge and agree that in the event I enter into a lease, that lease may be canceled by Lessor in the event any of the information provided by me in this Application, or any other document furnished by me, is materially inaccurate or incomplete.

Signature _____ Date _____ Signature _____ Date _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO RENEW THIS APPLICATION EVERY SIX MONTHS TO KEEP IT ACTIVE

*****For Office Use Only*****

Received by _____ Date _____ Time _____
 Approved by _____ Rejected by _____ Date _____

