

APPLICATION FOR RESIDENCY

APPLICANT INFORMATION

Name: _____ S.S.#: _____ DOB: _____
Last First M.I.

Spouse: _____ S.S.#: _____ DOB: _____
Last First M.I.

Other dependents to occupy unit:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

RESIDENCE HISTORY (for the past 3 years):

Present Address: _____ Phone: _____

City, State, Zip: _____ Own: Rent: Mo. Rent: \$ _____

How long there: _____ Reason for leaving: _____

Landlord Name: _____ Phone: _____

Previous Address: _____ Phone: _____

City, State, Zip: _____ Own: Rent: Mo. Rent: \$ _____

How long there: _____ Reason for leaving: _____

Landlord Name: _____ Phone: _____

INCOME

Applicant Employment (for the past 3 years):

Status: Full-time Part-time #Hours/week: _____ Self Employed Student Retired Unemployed

Current Employer: _____ Address: _____

Position: _____ Supervisor Name: _____ Phone: _____

Date started: _____ Rate of pay: \$ _____ Likelihood of Continued Employment: _____

Other income: \$ _____ Source: _____ Total gross monthly income: \$ _____

Previous Employer: _____ Address: _____

Position: _____ Supervisor Name: _____ Phone: _____

Date started: _____ Rate of pay: \$ _____ Likelihood of Continued Employment: _____

Spouse Employment (for the past 3 years):

Status: Full-time Part-time #Hours/week: _____ Self Employed Student Retired Unemployed

Current Employer: _____ Address: _____

Position: _____ Supervisor Name: _____ Phone: _____

Date started: _____ Rate of pay: \$ _____ Likelihood of Continued Employment: _____

Other income: \$ _____ Source: _____ Total gross monthly income: \$ _____

Previous Employer: _____ Address: _____

Position: _____ Supervisor Name: _____ Phone: _____

Date started: _____ Rate of pay: \$ _____ Likelihood of Continued Employment: _____

OTHER PERSONAL INFORMATION

Do you smoke? Yes No

Make of Car: _____ Year: _____ License #: _____ State: _____

Make of Car: _____ Year: _____ License #: _____ State: _____

List regular monthly payments:

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

List any outstanding judgments, liens, and collections: _____

Have you ever been convicted of a felony? Yes If yes, explain NO _____

<u>Bank Info</u>	Branch	Checking/Savings	Account #
_____	_____	_____	_____
_____	_____	_____	_____

Person who could help you out financially: _____ Phone: _____
Relationship: _____ Address: _____

In case of emergency notify: _____ Phone: _____
Relationship: _____ Address: _____

<u>Pet(s):</u>	Name	Type	Breed	Size	Sex	Age	Indoor/Outdoor	Neutered?
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Desired date of occupancy: _____ **Desired Lease Term:** _____

ACKNOWLEDGEMENT

I/We hereby make application to rent the premises located at: _____
for \$ _____ per month, security deposit of \$ _____. I am depositing a \$ _____ non-refundable application fee which will be used to pay for a credit check and any other expenses incurred as necessary to verify information supplied herewith. I/We hereby certify that the above information is true and correct to the best of my/our knowledge. I/We understand that any false information supplied on this form may cause this application to be disapproved and the application fee to be forfeited. It is also understood that while approval of this application shall not constitute a contract to rent the aforementioned premises, I/we agree to sign a rental agreement upon such approval by _____. Any prepaid deposit paid by applicant shall be immediately refunded in full if this application is not approved; non-refundable if application is approved but applicant fails to occupy the premises. I/We hereby give permission to employers, banks, rental and credit providers, and other agencies to provide all personal information concerning wages and income, employment, rental and bill paying histories, etc. which might influence the approval of this application to Promise Land Property Maintenance and Services, LLC (PLPMS,LLC). I/We authorize permission that a copy of this may be treated as an original.

Signatures: _____ Date: _____
Signatures: _____ Date: _____