

Wyncroft Hill Apartments

Application for Occupancy

Property Information:			
Name of Property	Rental Rate	Unit Type (Studio,1BR,2BR,etc.)	Desired Date of Occupancy
# of Occupants	Co-signer	Name of Roommate or Spouse	

Failure to answer these questions completely, including where applicants and references may be reached Monday-Friday from 8:00 a.m. to 5 p.m. will delay the processing of this application.

Incomplete application will not be processed!

Applicant Information:				Co-Signor for:
NAME	Last	First	Middle	Social Security Number
Drivers License Number	State Issued	Date of Birth	Description of Pets/Weight of Pet	
SPOUSE NAME	Last	First	Middle	Social Security Number
Drivers License Number	State Issued	Date of Birth	Description of Pets/Weight of Pet	

Residential Information:						
CURRENT	Street Address and Apt#	City	State	Zip Code	County	Home Phone#
Circle One:	Name of Landlord, Apartment or Mortgage co.	Phone#	How Long?	Rental Amount		
RENT/OWN/FAMILY				From	/	
PREVIOUS	Street Address and Apt#	City	State	Zip Code	County	Home Phone#
Circle One:	Name of Landlord, Apartment or Mortgage co.	Phone#	How Long?	Rental Amount		
RENT/OWN/FAMILY				From	/	
PREVIOUS	Street Address and Apt#	City	State	Zip Code	County	Home Phone#
Circle One:	Name of Landlord, Apartment or Mortgage co.	Phone#	How Long?	Rental Amount		
RENT/OWN/FAMILY				From	/	
Have you ever willingly refused to pay rent? If so, why?			Have you ever been convicted of a felony? If so, why?			
Have you ever been evicted from a residence? If so, why?			Have you ever filed bankruptcy? If so, When?			

Employment Information:						
APPLICANT	Employer	Address	City	State	Zip code	Phone#
Position/Department	Supervisor	Phone#	How Long?	Gross Monthly Income		
				From	/	To /
Previous Employer	Supervisor	Phone#	How Long?	Gross Monthly Income		
				From	/	To /
SPOUSE	Employer	Address	City	State	Zip code	Phone#
Position/Department	Supervisor	Phone#	How Long?	Gross Monthly Income		
				From	/	To /
Other Income	Source	Amount per Month				

Character References, Emergency Contact and Vehicle Information:						
CHARACTER REFERENCE	Name	Relationship	Phone#	How Long Known?		
EMERGENCY CONTACT	Name	Relationship	Phone#			
VEHICLE(S)	Make/Model	Color	License Plate#/State	Make/Model	Color	License Plate#/State
How did you hear about this apartment? Check all that apply.						
<input type="checkbox"/> FRIEND/TENANT <input type="checkbox"/> INTERNET <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> DROVE BY <input type="checkbox"/> PUBLICATION <input type="checkbox"/> OTHER:						

This application must be signed by all adults who will occupy the apartment before it can be considered by the landlord. Acceptance of this application, and all monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of the applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than 48 hours, then the applicant withdraws the application, all monies deposited shall be forfeited to landlord. A non-refundable screening fee of \$40.00 will be collected to process this application.

Ref/Inv Fee Required	Security Deposit	Pet Deposit(If allowed)	Amount Paid	Amount Still Due
\$	\$	\$	\$	\$

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, through the interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.

Applicant's Signature	Date	Spouse's Signature	Date
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