

**WILLOW RUN APARTMENTS
APPLICATION FOR RESIDENCY
Application Fee: \$40.00 single \$80.00 Couple**

FOR OFFICE USE ONLY	
APT # _____	TYPE _____
RENTAL RATE _____	
M/I DATE _____	
TERM OF LEASE _____	
REF FEE PAID _____	

NOTICE: RENTERS INSURANCE REQUIRED WITH LEASE

Move in Special does not apply to Rent. Com Referrals

DATE: _____ EMAIL ADDRESS: _____

NUMBER OF BEDROOMS DESIRED? _____ GROUND FLOOR _____ TOP FLOOR _____

APPLICANT'S NAME: _____ DATE OF BIRTH: _____ SS # _____
First Middle Last

SPOUSE'S NAME: _____ DATE OF BIRTH: _____ SS # _____
First Middle Last

OTHER OCCUPANTS:

_____ Name	_____ D.O.B.	_____ SS#	_____ Relationship	_____ Name	_____ D.O.B.	_____ SS#
_____ Relationship						

_____ Name	_____ D.O.B.	_____ SS#	_____ Relationship	_____ Name	_____ D.O.B.	_____ SS#
_____ Relationship						

RESIDENCE HISTORY: (Need history for past 3 years)

a) CURRENT ADDRESS: _____
Street City State Zip Code

YOUR CURRENT PHONE NUMBER: _____ MONTHLY PAYMENT: _____

IF THIS IS AN APARTMENT PLEASE LIST APARTMENT NAME AND LANDLORD: _____

DATES OF RESIDENCE: From _____ To _____ REASON FOR MOVING: _____

b) PREVIOUS ADDRESS: _____
Street City State Zip Code

MONTHLY PAYMENT: _____ APT. NAME AND LANDLORD IF APPLICABLE _____

c) PREVIOUS ADDRESS _____ APT. NAME IF APPLICABLE _____

DATES OF RESIDENCE: From _____ To _____ REASON FOR MOVING: _____

EMPLOYMENT INFORMATION:

PRESENT EMPLOYER: _____ POSITION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE #: _____

SUPERVISOR: _____ EMPLOYED SINCE: _____ GROSS MONTHLY INCOME: _____

PREVIOUS EMPLOYER: _____ POSITION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE #: _____

SUPERVISOR: _____ EMPLOYED SINCE: _____ GROSS MONTHLY INCOME: _____

SPOUSE'S EMPLOYER: _____ POSITION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE #: _____

SUPERVISOR: _____ EMPLOYED SINCE: _____ GROSS MONTHLY INCOME: _____

PERSONAL REFERENCES: (NOT RELATIVES OR EMPLOYERS) LIST NAME, ADDRESS, AND PHONE # PLUS AREA CODE

1. _____

2. _____

HOW DID YOU HEAR ABOUT WILLOW RUN? _____

REFERRED BY: _____

VEHICLE INFORMATION:

APPLICANT'S DRIVER'S LICENSE #: _____

Yr. & Make: _____ Color: _____ Tag #: _____ State: _____ Reg. To: _____

Yr. & Make: _____ Color: _____ Tag #: _____ State: _____ Reg. To: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ ADDRESS: _____

PHONE #: _____ RELATIONSHIP: _____

NAME AND PHONE NUMBER OF TWO OTHER PEOPLE WE CAN CONTACT TO LOCATE YOU:

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

MISCELLANEOUS: When do you wish to move in: _____

Have you or any household member ever applied for housing at this complex? _____ Have you or any household member ever lived at this complex? _____ Have you or any household member ever been evicted, breached or violated your contract while leasing any type of rental housing: _____ If yes, please explain: _____

Have you or any household member been convicted of a felony in the past five years? _____ If yes, please explain: _____

Have you or any household member ever been convicted of the illegal distribution or manufacture of any controlled substance? _____ If yes, please explain: _____

Are you or any household member a current user of/or addicted to a controlled substance? _____ If yes, please explain: _____

Are you currently under any litigation or other notice regarding loan defaults, late payment of rent, bills, etc.? _____ If yes, please explain: _____

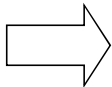
ARE YOU SUBJECT TO A JOB TRANSFER? _____ DO YOU HAVE A WATERBED? _____ DO YOU HAVE A PET? _____

If YES, what type _____ Height _____ Weight when fully grown _____

NON-REFUNDABLE REFURBISHING FEE/OTHER INFORMATION

I certify that only those persons listed on this application will occupy the dwelling, if approved for occupancy. I understand that delinquent submission of false information on my application constitutes grounds for denial of occupancy or termination of the right to occupy. Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals, the non-refundable refurbishing fee, and any other fees have been paid. This application is preliminary only and does not obligate Management or Management's agent to execute a lease or deliver possession of the proposed premises. Management shall have the option of rejecting and nullifying this application for rental if applicant does not meet the tenant selection criteria. At which time Management and applicant shall be released from all further obligations or liabilities to each other.

I understand that upon approval of my application I have a twenty four hour period in which to pay a non-refundable refurbishing/administration fee in the amount of \$299.00 to hold a specific unit until the agreed upon move in date. If the fee is not paid within this time period, I understand that the unit may be leased to another applicant. I further understand that this fee, once paid, is non-refundable and should I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a prior resident, I understand that management will retain the fee in full as liquidated and agreed upon damages.



(X) _____
Applicant's Signature

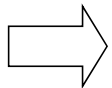
(X) _____
Spouse's Signature

Co-Signer's Signature (If applicable)

Applicants must provide copy of Driver's License

***** CONSENT TO RELEASE OF INFORMATION*****

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the information that I have given or other inquiries as may be deemed necessary (including release of income information). I hereby waive all right of action for any consequence resulting from such information.



(X) Applicant's Signature _____ Spouse's Signature _____

Co-Signer's Signature (If Applicable): _____

