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

NOTICE	DENITEDS	<b>INSURANCE</b>	DEO	HDED	WITH	TEACE
NOTICE	: KENTEKS	INSUKANCE	KEU	UIKLD	WIII	LEASE

FOR OFFICE USI	E ONLY
APT #	_ TYPE
RENTAL RATE	
M/I DATE	
TERM OF LEASE	Ξ
REF FEE PAID	

DATE:		EMAIL:				REF FEE PAID		
PHONE #:		SPC	OUSE'S #:		DESIRED MOVE-IN DATE?			
NUMBER OF BEDR	OOMS D	ESIRED? _		GROUND	FLOOR	TOP FLOOR _		
APPLICANT'S NAME: _				D	ATE OF BIRTH:	SS#		
_	First	Midd	le Last		_			
SPOUSE'S NAME:F	irst	Middle	Last	D	OATE OF BIRTH:	SS #		
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 hi	story for pa	st 3 years)					
) CURRENT ADDRESS	:Street			Ci	ty	State	Zip Code	
MONTHLY PAYMENT:_		APARTM	ENT NAME AND I	LANDLORD IF	APPLICABLE:			
OATES OF RESIDENCE:	From		То	REASO	N FOR MOVING: _			
) PREVIOUS ADDRESS								
	Street		(T. 1.) T. 1.) T. 1.	City	D. F.	State	Zip Code	
					OR MOVING:			
e) PREVIOUS ADDRESS	Street			City	n Mormia	State	Zip Code	
		1	0	REASON FO	OR MOVING:			
EMPLOYMENT INFOR								
RESENT EMPLOYER: _								
SUSINESS ADDRESS:					BUSINESS PHO			
						SS MONTHLY INCOME:		
						NTC //		
						NE #:		
	VISOR: DATES EMPLOYE							
						NE #		
				BUSINESS PHONE #: GROSS MONTHLY INCOME:				
			EMDI OVED O	SINCE	CDOS	MONTHI V INCOME.		

VEHICLE INFORMATION:	APPLICAN	NT'S DRIVER'S LIC	ENSE #:	
Yr. & Make:	Model:	Color:	Tag #:	State:
Yr. & Make:	Model:	Color:	Tag #:	State:
PERSON TO NOTIFY IN CASE OF I	EMERGENCY:			
NAME:	ADDRES	SS:		
PHONE #:	RELATIONS	SHIP:		
NAME AND PHONE NUMBER OF	ΓWO OTHER PEOPLE WE CA	N CONTACT TO LOCATE	YOU:	
NAME:	PHONE #:		RELATIONSHIP:	
NAME:	PHONE #:		RELATIONSHIP:	·····
MISCELLANEOUS: Have you or any household member ev Have you or any household member ev explain:	ver been evicted, breached or vio	lated your contract while leas	ou or any household member ever sing any type of rental housing: _	r lived at this complex? If yes, please
Have you or any household member be	een convicted of a felony in the p	ast five years?	If yes, please explain:	
Have you or any household member ex	ver been convicted of the illegal of	listribution or manufacture o	f any controlled substance:	If yes,
please explain:				
Are you or any household member a co	urrent user of/or addicted to a cor	ntrolled substance?	If yes, please explain:	
ARE YOU SUBJECT TO A JOB TRA		YOU HAVE A WATERBE	ED? DO YOU HA	
II TES, what type	nreign	W C	ight when fully grown	
I certify that only those persons listed information on my application constitute and other rental documents have been been paid. This application is preliming premises. Management shall have the Management and applicant shall be rel. I understand that upon approval of my \$299.00 to hold a specific unit until the applicant. I further understand that this construction or the holding over of a present the state of the s	on this application will occupy the test grounds for denial of occupar properly executed by all parties a nary only and does not obligate Not option of rejecting and nullifying eased from all further obligations application I have a twenty four eagreed upon move in date. If the see, once paid, is non-refundable.	ne dwelling, if approved for oney or termination of the right and only after applicable rent danagement or Management's this application for rental if s or liabilities to each other.  The description of	nt to occupy. Keys will be furnis als, the non-refundable refurbish is agent to execute a lease or delicapplicant does not meet the tena a non-refundable refurbishing/adime period, I understand that the or the premises on the agreed upon	inquent submission of false shed only after contemplated lease sing fee, and any other fees have ver possession of the proposed unt selection criteria. At which tire diministration fee in the amount of unit may be leased to another in date, except for delay caused by
(X) Applicant's Signature		(X) Spouse	's Signature	
(X) Co-Signer's Signature (If ap	plicable)		(Applicants must pr	ovide copy of Driver's Licens
******	***** CONSENT TO REL	EASE OF INFORMAT	<u>ION</u> ********	
I certify that the foregoing informathat I have given or other inquiries consequence resulting from such in	ation is true and complete to t as may be deemed necessary	he best of my knowledge	. I authorize inquiries to be r	
(X) Applicant's Signature		(X) Spous	e's Signature	
(X) Co-Signer's Signature (If Ap	oplicable):			