



FOR OFFICE USE ONLY	
Type of Lease	Move in Date
Concession (If Any)	Copy of Resident I.D.
Apt. Type	Apt. #
Monthly Rent \$	Appl. Fee
Application Taken	Apt. Reservation Signed

APPLICATION FOR RESIDENCY

Applicant _____ **Co-Applicant** _____
Last First Middle Last First Middle

Drivers License # _____ State _____ Drivers License # _____ State _____
 Home # _____ Cell # _____ Home # _____ Cell # _____
 Email Address: _____ Email Address: _____

LIST ALL PERSONS TO RESIDE IN APARTMENT

FULL LEGAL NAME	RELATIONSHIP	DATE OF BIRTH	ANNUAL INCOME	SOCIAL SECURITY #
	SELF			

PRESENT ADDRESS

Street _____ Apt. # _____ City _____ State _____ Zip Code _____
 RENT ___ LANDLORD/MORTGAGE COMPANY _____ PHONE _____ FROM TO _____
 OWN ___ ADDRESS: _____ MO. PAYMENT _____ / _____

PREVIOUS ADDRESS

Street _____ Apt. # _____ City _____ State _____ Zip Code _____
 RENT ___ LANDLORD/MORTGAGE COMPANY _____ TELEPHONE # _____ FROM TO _____
 OWN ___ ADDRESS: _____ MO. PAYMENT _____ / _____

EMPLOYMENT INFORMATION

APPLICANT		SPOUSE/CO-APPLICANT	
EMPLOYER	POSITION	EMPLOYER	POSITION
ADDRESS	TELEPHONE #	ADDRESS	TELEPHONE #
PERIOD OF EMPLOYMENT	SUPERVISOR	PERIOD OF EMPLOYMENT	SUPERVISOR
MONTHLY INCOME OF EMPLOYMENT		MONTHLY INCOME OF EMPLOYMENT	
OTHER SOURCES OF INCOME	CURRENT TOTAL ANNUAL	OTHER SOURCES OF INCOME	CURRENT TOTAL ANNUAL
PREVIOUS EMPLOYER	POSITION	PREVIOUS EMPLOYER	POSITION
ADDRESS	TELEPHONE #	ADDRESS	TELEPHONE #
PERIOD OF EMPLOYMENT	SUPERVISOR	PERIOD OF EMPLOYMENT	SUPERVISOR

RENTAL/CRIMINAL HISTORY

Have you, your spouse, or any occupant listed in this application ever: ___(y/n) been evicted or asked to move out? ___(y/n) moved out of a dwelling before the end of the lease term without the owner's consent? ___(y/n) declared bankruptcy? ___(y/n) been sued for rent? ___(y/n) been sued for property damage? ___(y/n) been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, courtordered community supervision, or pretrial diversion? ___(y/n) been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal.

BANK REFERENCE

NAME OF BANK	CHECKING ACCOUNT NUMBER
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AUTO (LEASED OR OWNED)

MAKE AND YEAR	COLOR	LICENSE PLATE #	STATE
MAKE AND YEAR	COLOR	LICENSE PLATE #	STATE

DO YOU OR ANY HOUSEHOLD MEMBER OWN A PET? Yes/No Type _____ Weight _____

DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE ANY SPECIAL NEEDS? Yes/No

IF YES, PLEASE EXPLAIN _____

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY LIST TWO CONTACTS (NOT RESIDING IN THE APARTMENT)

CONTACT	RELATIONSHIP	ADDRESS	TELEPHONE #
CONTACT	RELATIONSHIP	ADDRESS	TELEPHONE #

Death or Serious Illness of Resident: In case of death or serious illness, the following person(s) may be given access to the leased premises and its contents as well as your property in the mailbox, common areas and storage areas.

CONTACT	RELATIONSHIP	ADDRESS	TELEPHONE #
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The undersigned represents that the above statements are true and complete and authorizes verification of information and references given for the purpose of verifying credit and a complete background check. It is understood that the amount received \$_____ for the reservation of the apartment will be returned in accordance with state law if the applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for nonperformance and compensation for holding the apartment off the market. Harbor Group Management Company may verify all information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting information. I (we) understand that if I (we) lease an apartment at _____ and its agent shall have a continuing right to review my credit information, rental application, criminal information, payment history and occupancy history for account review purposes and for improving application methods.

I (we) understand that this application is valid for 90 days from the date of application. I (we) understand that if my (our) occupancy date surpasses the 90 day expiration, I (we) must complete a new application and submit a new application fee.

APPLICANTS SIGNATURE	DATE	CO-APPLICANTS SIGNATURE	DATE
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QUALIFICATION CHECKLIST (FOR OFFICE USE ONLY)

COMMENTS	ITEM	COMPLETED
	COVER LETTER	-----
	APPLICATION	-----
	APARTMENT RESERVATION	-----
	COPY OF ID	-----
	LANDLORD REFERENCE SIGNED	-----
	CREDIT REPORT ATTACHED	-----
	COPY OF PAY STUBS	-----
	EMPLOYMENT VERIFICATION SIGNED	-----
	IN COMPUTER	-----
	MOVE IN PACKET	-----

QUALIFICATION:	
VERIFIED BY:	PROPERTY MANAGER'S SIGNATURE:
DATE APPLICANT NOTIFIED:	