College Heights Apartments Rental Application

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Applicant Information						
Name :		SSN:	Age :			
Date of Birth :	# of Occupar	nts:	Phone : () -			
E-Mail Address :	•	Preferr	red Move in Date :			
Interested in One Bedroom or Two Bedr	oom Apartme	ent :				
Applicant Current Address						
Current Address :						
City:	State :		Zip Code :			
Do you currently rent or own :	•	Current monthly payme	ent or rent amount :			
How long have you lived at current resid	ence :					
Reason for leaving current residence :						
Applicant Vehicle Information						
Vehicle Year : Vehicle Make	:	Vehicle	Model :			
Vehicle Color :	Vehicle Tag #	# :				
Applicant Employment Informatio	n					
Current Employer :		Length	of Employment :			
Employer Address :		<u> </u>				
City:	State :		Zip Code :			
Phone :	E-Mail :		Fax:			
Position:		Annual	Income :			
Are you paid hourly or salary :		Hourly or Salary Rate :				
Background Information	(Circle)		(Explain)			
Have you been arrested?	Yes No	If answered yes why?				
Are you a known and or convicted Sex Offender	Yes No					
Have you ever been evicted?	Yes No	If answered yes why?				
Applicant Emergency Contacts						
Name of person not residing with you:						
Address :						
City:	State :		Zip Code :			
Relationship:						
Applicant References						
Name :		Phone	:			
Address :		•				
Fax:	E-Mail :		Relationship:			
Name :		Phone	•			
Address :		THORE	<u>·</u>			
Fax:	E-Mail :		Relationship:			
By signing this document I am verifying that all		on this application is true a	.			
the information on this form as to my credit and employment.						
Signature of Applicant :		, ,	Date :			
	t Applies, inform	nation on revers side must be	completed.)*			
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Co-Applicant Information					
Name :		SSN:		Age :	
Date of Birth :	# of Occupa	ants :		Phone : () -	
E-Mail Address :			Preferred	l Move in Date :	
Interested in One Bedroom or Two Bedro	oom Apartm	nent :			
Co-Applicant Current Address					
Current Address :					
City:	State :			Zip Code :	
Do you currently rent or own :		Current monthly	y payment	t or rent amount :	
How long have you lived at current resid	ence :				
Reason for leaving current residence :					
Co-Applicant Vehicle Information					
Vehicle Year : Vehicle Make	:		Vehicle N	Nodel :	
Vehicle Color :	Vehicle Tag	g#:			
Co-Applicant Employment Informa	ation				
Current Employer :			Length of	Employment :	
Employer Address :			•		
City:	State :			Zip Code :	
Phone:	E-Mail:			Fax:	
Position:			Annual In	ncome :	
Are you paid hourly or salary :		Hourly or Salary	Rate:		
Background Information	(Circle)			(Explain)	
Have you been arrested?	Yes No	If answered yes why?	?		
Are you a known and or convicted Sex Offender	Yes No				
Have you ever been evicted?	Yes No	If answered yes why?	?		
Co-Applicant Emergency Contacts					
Name of person not residing with you :					
Address :	r				
City:	State :			Zip Code :	
Relationship:					
Co-Applicant References					
Name :			Phone :		
Address :					
Fax:	E-Mail :			Relationship:	
Name :			Phone :		
Address :					
Fax :	E-Mail :			Relationship:	
By signing this document I am verifying that all the information on this application is true and correct. I'm also authorizing verification of					
the information on this form as to my credit and employment.					
Signature of Applicant :				Date :	