



Today's date: _____ No. of Bedrooms Needed: _____ Floor Preference: _____
 Date Needed: _____ Other Special Requests: _____

Applicants						
	Last Name	First	Middle	Relation to HOH	Social Security #	Date of Birth
1				HOH		
2						
3						
4						
5						
6						

General Information

- Do you own a pet? _____ If so, how many and what kind? _____
 Pet Weight(s): _____
- Have you ever filed bankruptcy? _____ Y or N
- Have you ever been convicted of a felony? _____ Y or N
- Have you ever been evicted from an apartment? _____ Y or N
- If you have answered yes to an above question please explain: _____

Housing Reference

Applicant #1: Head of Household
 Applicant Name: _____ Email Address: _____
 Present Address _____ City _____ State _____ Zip _____
 Your Phone #: _____ How long at Current address: _____
 Rent or Own? If Rent, Property Name: _____ PH #: _____
 Reason for leaving: _____
 Emergency Contact Name: _____ Cell Phone #: _____
 Relation to Applicant: _____ Email Address: _____

Applicant #2:

Applicant Name: _____ Email Address: _____
Present Address _____ City _____ State _____ Zip _____
Your Phone #: _____ How long at Current address: _____
Rent or Own? If Rent, Property Name: _____ PH #: _____
Reason for leaving: _____
Emergency Contact Name: _____ Cell Phone #: _____
Relation to Applicant: _____ Email Address: _____

Applicant #3:

Applicant Name: _____ Email Address: _____
Present Address _____ City _____ State _____ Zip _____
Your Phone #: _____ How long at Current address: _____
Rent or Own? If Rent, Property Name: _____ PH #: _____
Reason for leaving: _____
Emergency Contact Name: _____ Cell Phone #: _____
Relation to Applicant: _____ Email Address: _____

Employment/Income Sources

Applicant #1:

Applicant Name: _____ Length of Employment _____
Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____
Additional Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____

Applicant #2:

Applicant Name: _____ Length of Employment _____
Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____
Additional Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____

Applicant #3:

Applicant Name: _____ Length of Employment _____
Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____
Additional Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____

Vehicle & Driver Information

1 Drivers License #: _____ State Issued: _____
Car Make/Model: _____ Color: _____ Year: _____ Plate #: _____
2 Drivers License #: _____ State Issued: _____
Car Make/Model: _____ Color: _____ Year: _____ Plate #: _____
3 Drivers License #: _____ State Issued: _____
Car Make/Model: _____ Color: _____ Year: _____ Plate #: _____

Bank Information

Name of Applicant	Name of Bank	Acct Type	Balance

Signature Clause

Security Deposit: A \$250 security deposit is required, also required is a \$150 non-refundable sanitation fee. Applicant has 48 hours after the date of the security deposit is received to cancel the apartment reservation and receive reimbursement of said security deposit. \$60 application fee per adult, 18 years or older is required to process. This is non-refundable.

Pet fee: A \$400.00 pet fee is required; this fee is non-refundable. You will also be responsible to pay \$20 per month, per pet in addition to rent. Upon transferring from one apartment to another, new pet fees must be paid. See management for additional pet information.

I/we certify that the answers given herein are true and complete to the best of my/our knowledge. I/we authorize investigation of all statements contained in this application for residency as may be necessary. I/we understand that any misrepresentation may result in the denial of my/our application. I/We authorize Bell Management, its subsidiaries and its agents to investigate my/our credit worthiness through any credit bureau or other reasonable means. I/We have read this application and understand it.

This application is not a rental agreement, contract or lease; all applications are subject to the approval of the owner/managing agent.

It is our aim to ensure that this apartment community is a drug-free zone. The use and/or sale of controlled substances will not be tolerated. By signing this form, I/We verify my/our support for this policy.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD APPLICANT MUST SIGN BELOW.

HEAD APPLICANT

DATE

CO-HEAD APPLICANT

DATE

CO-HEAD APPLICANT

DATE

For office use only: Date application received: _____ Security deposit received: _____

Pet deposit received: _____ Apt# : _____ Move in Date: _____