

AMERICAN RESIDENTIAL GROUP APPLICATION FOR RESIDENCY

PLEASE USE BLACK INK AND PRINT:

Community:	Apt #:	Rent:	Move In Date:
Special Provisions:			

Applicant Information:	Last Name, First, MI Birthdate Social Security #: Driv Lic & State:				
	Home Phone: _____		eMail Address 1: _____		
	Cell Phone: _____		eMail Address 2: _____		
Spouse Information:	Last Name, First, MI Birthdate Social Security #: Driv Lic & State:				
	Home Phone: _____		eMail Address 1: _____		
	Cell Phone: _____		eMail Address 2: _____		
Resident History:	Present:				
	Street Address	Apt #	City	State	Zip Code
	Landlord/Apartment Name:		()		
	(If mortgage, give phone & account number)		Landlord/Apartment Office Phone #		
	Names on Lease:		Residency Dates From:		To:
Previous:	Street Address Apt # City State Zip Code				
	Landlord/Apartment Name:		()		
	(If mortgage, give phone & account number)		Landlord/Apartment Office Phone #		
	Names on Lease:		Residency Dates From:		To:
	# to Occupy Apt:	# of Pets:	Size /Type of Pet:		
Names of persons to Occupy Apartment:	Last Name, First, MI S.S. # Relationship Birthdate				
	Last Name, First, MI S.S. # Relationship Birthdate				
	Last Name, First, MI S.S. # Relationship Birthdate				
	Last Name, First, MI S.S. # Relationship Birthdate				
Employment:	Company Name:		Phone # of Personnel Dept: ()		
	Address:		Gross Income:		
	City/State/Zip:		Supervisors Name:		
	Position:		Employed From:		To:
Spouse Employment:	Company Name:		Phone # of Personnel Dept: ()		
	Address:		Gross Income:		
	City/State/Zip:		Supervisors Name:		
	Position:		Employed From:		To:
Vehicle Information:	Car/Truck License #: Year:		Make/Model:		
	Car/Truck License #: Year:		Make/Model:		
	No. of Vehicles to be parked on Property:				
	Do you own any recreational vehicles, motorcycles, etc, if so, specify:				
	Have you, your spouse or any occupant listed above ever:				
	Been evicted or asked to move out?		Broken a rental agreement or lease contract?		
	Been sued or non payment of rent?		Been sued for damage to rental property?		
	Committed or been convicted of a felony?		Received deferred adjudication for a felony?		
	Please explain (state, year, locaiton, and type of each felony): _____				
	Are you required to register with any government (federal, state or local) as a sex offender? _____				

**AMERICAN RESIDENTIAL GROUP
APPLICATION FOR RESIDENCY**

PLEASE USE BLACK INK AND PRINT:

Community:	Apt #:	Rent:	Move In Date:
Special Provisions:			

Emergency Contact:	Name:	Home/Business Phone:
	Address:	City/State/Zip:

Renter's Insurance:	If YES, Please list Carrier Name:	Agent Name:	Phone #:
	If NO, read and sign below: I understand that the property's insurance coverage and insurance does not and cannot protect any personal belongings against burglary, vandalism, fire, smoke, and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renter's insurance. IF NO INSURANCE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE.		
	Signed by Applicant:		

Application Fee:	Applicant understands that there is a non-refundable credit/check processing fee of \$35.
-------------------------	---

Security Deposit:	Applicant understands that the security deposit of \$ _____ for apartment # _____ is refundable if: 1) this application is rejected by the management 2) if applicant notifies management of cancellation with 48 hours of applying or 3) if all the terms and conditions of lease agreement are fulfilled. Applicant understands that if they fail or refuse to occupy said apartment, that the lessor and owner shall be entitled to damages of \$ _____ as administrative costs.
--------------------------	---

Verification Authorization	Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by any bank or savings and loan, employer (present or former) and any lender, all such information hereon, and released as authorized above, will be kept confidential.
-----------------------------------	---

Application Certification	APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Information, mis-statements, or representation on this application will constitute a default under the Lease or Rental Agreement between the Parties. Applicant understands that an independent reporting agency is responsible for the verification of the above contained information and will be acquiring a consumer report from one or more of the following credit bureaus: Equifax, Experian or Trans Union. Applicant acknowledges receipt of community criteria which determines application acceptance.
----------------------------------	--

Signatures:	
	Signature of Applicant Date
	Signature of Co-Applicant Date