



RESIDENT APPLICATION

Apartment # _____ Move-In Date _____/_____/_____ \$ _____ Rental Amount

APPLICANT Last Name			First	Middle	Phone:	
					Email:	
SSN:			DOB:		DL #:	State:
SPOUSE Last Name			First	Middle	Phone:	
					Email:	
SSN:			DOB:		DL #:	State:
Any Other Tenants (under 18):			Age:		Relationship:	
RESIDENCE HISTORY	Current Residence			Previous (if at present <1 year)		
Address						
City/State/ZIP						
Own/Rent						
Owner/Manager						
Owner/Manager Phone						
Date of Residency	____/____/____			____/____/____		
Reason For Leaving						
EMPLOYMENT HISTORY	Current Employment			Previous (if current <30 days)		
Employed by						
Address						
City/State/ZIP						
Position Held						
Supervisor Name						
Supervisor Contact Info.						
Hire Date/Gross Income	____/____/____	\$	/month	____/____/____	\$	/month
VEHICLE 1 Make	Model	Year	Color	License Plate	State Issued	
VEHICLE 2 Make	Model	Year	Color	License Plate	State Issued	
PET 1 Name:	Weight (70lb. Limit):	Type/Breed:	Color:	Age:		
PET 2 Name:	Weight (70lb. Limit):	Type/Breed:	Color:	Age:		
EMERGENCY CONTACT Name	Relationship	Address			Phone	

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, family status or national origin.

I declare said foregoing information to be true and correct and do hereby authorize you to conduct an employment and credit check to verify our references. I understand and acquire no rights in an apartment until I sign a lease agreement and make a deposit of \$_____.

In consideration of the Landlord's holding the apartment for me through the Move-In date only, **I hereby waive all rights to the return of this deposit 72 hours from the date of application, and said deposit shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied herein.** In the event said application is denied, deposit shall be returned to the applicant.

I understand that this application shall remain the property of Cameron Court/Shelton Apartments.

I understand that the \$55 Application Fee and \$150 Administration Fee will be required in order to process this application and is non-refundable whether application is approved, canceled or denied.

I understand that my rent shall start as of the scheduled Move-in Date stated in this application.

Applicant Signature _____ Spouse Signature _____ Date _____

Leasing Agent for Cameron Court/Shelton Apartments _____