



# APPLICATION FOR RESIDENCY

APPLICATION FEE \$30 (NONREFUNDABLE)

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*DOB: \_\_\_\_\_ \*DL #: \_\_\_\_\_ \*State: \_\_\_\_\_ \*SSN: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

\*Style (choose all that apply)  studio  1 bedroom flat  2 bedroom flat  2 bedroom townhome  
 3 bedroom flat  3 bedroom townhome  4 bedroom townhome  5 bedroom townhome

\*Date Needed \_\_\_\_\_ \*Furnished or Unfurnished \_\_\_\_\_

\*Do you have a pet? \_\_\_\_\_

Other Persons to occupy the apartment regularly (including roommates):

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

\*Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No. of Yrs: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason Leaving: \_\_\_\_\_

\*Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ No. of Yrs: \_\_\_\_\_ Present Income (please attach pay stub): \$ \_\_\_\_\_

Additional Income: \_\_\_\_\_

Have you ever been evicted or asked to vacate from a previous tenancy? \_\_\_\_\_

Do you currently owe any outstanding balance(s) to a previous landlord? \_\_\_\_\_

If you answered yes to any of the above, please explain: \_\_\_\_\_

Pets:	Type	Weight	Age	Color	Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Vehicles:	Make	Model	Color	Year	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Guarantor First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
 \*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \*Email Address: \_\_\_\_\_ \*Relationship: \_\_\_\_\_  
 \*SSN: \_\_\_\_\_ \*Has guarantor ever filed for bankruptcy?  yes  no If yes, when? \_\_\_\_\_  
 \*Will you be the emergency contact as well?  yes  no

**Emergency Contact Information**

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
 \*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \*Email Address: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

**Acknowledgements**

I hereby authorize all persons and firms named in this application to freely provide to The Avenue information requested about me, and I hereby release The Avenue and all agents, employees, parent and subsidiary companies, the parties who provide the requested information, and all other people and companies whatsoever, as to any complaints, claims, or damages, and all rights of action that I may have resulting there from. By signing this application, I authorize The Avenue and their agents, employees, partners, subsidiaries, and affiliates to gather information about me relative to this application.

Specifically included in this authorization, among other things, the Landlord may obtain rental history and credit report(s) on me and use them in its decision-making process as to this application, and may furnish adverse information, if any, about my tenancy at The Avenue to credit reporting agencies.

I hereby pay to the Landlord a non-refundable application fee of \$30 per person for processing this application, which I acknowledge shall not be refunded for any reason.

I certify all of the above information is true, accurate and complete. I acknowledge that false information herein shall constitute sufficient grounds for rejection of this application, termination of my Lease and tenancy and non-return of fees and deposits. By signing below I represent that I have read and agree to all provisions of this application.

This Landlord shall comply with the Fair Housing Act. The Fair Housing Act prohibits discrimination in the sale, rental, and financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, FHA, USDA, and Washington, DC 20250.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear about The Avenue?  Newspaper:  Radio:  Friends:  Online:  Other:  
 Please specify: \_\_\_\_\_

<b>Office Use Only</b>			
Credit Check:	_____	Date Completed:	_____ Approved: _____
Application Fee:	_____	Date Paid:	_____ Check #: _____
Activity Fee:	_____	Date Paid:	_____ Check #: _____
Security Deposit:	_____	Date Paid:	_____ Check #: _____
Redec. Fee:	_____	Date Paid:	_____ Check #: _____
Lease Dates:	From: _____	To: _____	Installment Amount: _____
Apartment / Bed Space Assignment:			Circle One: Furnished / Unfurnished



## RENTAL VERIFICATION

The individual, signed below, has submitted a rental application to our community. Please provide the information requested and fax this form back to our office. We appreciate your time and thank you for your prompt response.

**Applicant Name (print):** \_\_\_\_\_

I hereby authorize release of the information requested for my address as indicated below.

**Address:**

\_\_\_\_\_  
Community Name Address City State Zip

**Address Classification:**  Campus Dormitory  Apartment  House  Other: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date

**↓ (Information below to be completed by Landlord) ↓**

Lease Start/Move In Date: \_\_\_\_\_ Lease End/Move Out Date: \_\_\_\_\_

Monthly Rental Amount: \$ \_\_\_\_\_ No. Late Payments: \_\_\_\_\_ No. of NSF Checks: \_\_\_\_\_

Is the applicant a Current or Past resident of your property?  Current Resident  Past Resident

If applicant is NOT a current resident:

Was proper notice given?  YES  NO

Was the security deposit refunded?  YES  NO

Was the lease agreement fulfilled?  YES  NO

Does the applicant owe a balance?  YES  NO

If YES, what is the balance? \$ \_\_\_\_\_

Did the applicant comply with all policies?  YES  NO

Did the applicant keep an animal on the property?  YES  NO

If YES, did the animal cause damage or nuisance at any time?  YES  NO

Did the applicant have a bedbug or other pest infestation in the dwelling?  YES  NO

If YES, what type of pest infestation? \$ \_\_\_\_\_ Has infestation been eradicated?  YES  NO

Have legal proceedings been filed on this applicant?  YES  NO

Is the applicant eligible for renewal or re-renting your property?  YES  NO

\_\_\_\_\_  
Landlord Representative Name & Title Signature Date

**Return Verification To:**

\_\_\_\_\_  
Community Name Fax Number Phone Number



## RESIDENT PROFILE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Find me on: facebook.com/\_\_\_\_\_ Instagram: @\_\_\_\_\_ Twitter: @\_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a smoker?  Yes  No If you smoke, will you only smoke outside?  Yes  No

Do you mind if your roommate smokes?  Yes  No Do you mind if your roommate smokes only outside?  Yes  No

Please circle the number that best corresponds to you for each of the following categories:

<b>Work Habits:</b>	light	1	2	3	4	5	6	7	8	9	10	serious
<b>Study Habits:</b>	light	1	2	3	4	5	6	7	8	9	10	serious
<b>Neatness:</b>	messy	1	2	3	4	5	6	7	8	9	10	neat
<b>Personality:</b>	quiet	1	2	3	4	5	6	7	8	9	10	outgoing
<b>Social Habits:</b>	light	1	2	3	4	5	6	7	8	9	10	frequent
<b>Sleeping Habits:</b>	Early riser	1	2	3	4	5	6	7	8	9	10	stay up late

Enrollment Status:  Freshman  Sophomore  Junior  Senior  Graduate  Transfer  Non-Student

University/College: \_\_\_\_\_ Major: \_\_\_\_\_

Describe your hobbies, TV habits, sleeping habits, personality, etc: \_\_\_\_\_

What extracurricular activities are you involved in (sorority/fraternity, sports, etc.)? \_\_\_\_\_

What characteristics do you look for in a roommate/apartment mate? \_\_\_\_\_

Will you be bringing a pet?  Yes  No Are you willing to live with a pet?  Yes  No Do you have a pet allergy?  Yes  No

### Roommate Requests

If you have already chosen your roommates, please indicate their name below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be matched with roommates based off of your resident profile form. Unfortunately, roommate requests cannot be guaranteed.

1) _____	Phone: _____	Email: _____
2) _____	Phone: _____	Email: _____
3) _____	Phone: _____	Email: _____
4) _____	Phone: _____	Email: _____

I understand that the information on this Resident Profile form will be used for making roommate assignments and that Management can in no way guarantee roommate compatibility. Management will not make room assignments based on Race, Color, Religion, National Origin, Disability, Gender, Familial Status or Sexual Orientation in accordance with the Fair Housing Act. I authorize for this information to be provided to potential roommates for the purpose of coordinating the roommate matching and move-in process.

\_\_\_\_\_  
Signature Date

For Office Use Only	
Unit/Bed: _____	Date: _____
Unit Type: _____	Initials: _____