



## APPLICATION FOR RESIDENCY

DATE: \_\_\_\_\_

APT #: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL/PAGER NUMBER: \_\_\_\_\_

**CIRCLE ONE:**      **MARRIED**      **SINGLE**      **DIVORCED**      **SEPARATED**

**ALL QUESTIONS BELOW THIS MUST BE ANSWERED! PLEASE WRITE "N/A" IF THE QUESTION DOES NOT APPLY TO YOUR STATUS.**

### HOUSEHOLD COMPOSITION

Member	Name	Relationship	D.O.B.	S.S.N.	Sex (male/female)
1		SELF			
2					
3					
4					
5					
6					

### EMPLOYMENT AND INCOME SOURCES

Full/PT	Employer	Supervisor/HR	Phone	From/To	Gross Income/ Mth

### VECHICLES

Own/Wk	Diver's-License Number/State	Model	Year	Color	State	License Plate #	Payment
							\$
							\$

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**RESIDENCE HISTORY**

Current Address:		Landlord: Phone:
Monthly Rent:	Move-In Date: Move-Out Date:	Reason for Leaving:
Previous Address:		Landlord: Phone:
Monthly Rent:	Move-In Date: Move-Out Date:	Reason for Leaving:

**EMERGENCY In case of illness, accident, or emergency, please notify:**

Name: Address:	Relationship: Phone:
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Does (or will) your household have any pets? (Y/N) What kind? \_\_\_\_\_ How many? \_\_\_\_\_

Have you or any member of your household been delinquent in the payment of your rent or any other financial obligation?

If yes, please explain:

Have you or any member of your household been a defendant in a forcible detainer (eviction), lawsuit, or defaulted (failed to perform) any obligation of a rental agreement or lease? If yes, please explain:

Have you or any member of your household ever filed for bankruptcy? (Y/N)

Have you or any member of your household ever been evicted from tenancy? (Y/N)

Have you or any member of your household ever willfully or intentionally refused to pay rent when due? (Y/N)

Have you or any member of your household ever been charged or convicted of a felony or misdemeanor? (Y/N)

By signing below, I hereby give authorization for credit and reference check of all references contained in this application. I further authorize you to obtain such information, as you may require, concerning the above statements. I further agree that should the Landlord be unable sufficient references, deemed as necessary by the Landlord, this application shall be unacceptable. I affirm that the information on this application is true and correct to the best of my knowledge. I understand the application fee (if any) for verifying the rental application is not a deposit or rent, and will not be applied to future rent, or refunded, even if this application to rent is declined. In the event this application is not acceptable to the Landlord, applicant shall be notified and deposit/membership fee (if placed) will be refunded. Should the applicant desire to cancel this application to lease after the 72 hour period, deposit and membership fee is NOT REFUNDABLE.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

fill out, and mail or fax to:

Athens Highland Apartment Homes  
537 Fourth Street  
Athens, Georgia 30601