

**DUTCHTOWN MANOR APARTMENTS  
APPLICATION FOR RESIDENCY  
(Each Co-resident must submit a separate application)**

**APPLICANT**

FULL NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_ (MI): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_  
 CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLES:	TYPE	COLOR	MAKE	PLATE	STATE	YEAR
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**LIST OTHERS WHO WILL RESIDE IN APARTMENT ON A PERMANENT BASIS:**

FULL LEGAL NAME	SOC. SEC. #	RELATIONSHIP APPLICANT	DATE OF BIRTH	ANNUAL INCOME	OCCUPATION	VISITING ONLY
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**APPLICANT INFORMATION**

**PRESENT ADDRESS:**  
 STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RENT OR OWN: \_\_\_\_\_ DATES: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
 LANDLORD/LENDER: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PREVIOUS ADDRESS:**  
 STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 RENT OR OWN: \_\_\_\_\_ DATES: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
 LANDLORD/LENDER: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CURRENT EMPLOYER:**  
 NAME: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYMENT DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**PREVIOUS EMPLOYER:**  
 NAME: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYMENT DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**OTHER INCOME:**

TYPE OF INCOME:	SOURCE/BANK	GROSS ANNUAL AMOUNT
_____	_____	_____
_____	_____	_____

**RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU):**

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 (1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**PET INFORMATION:** TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

NOTE: Keeping of pet requires consent of management, payment of applicable fees/deposits, and execution of Pet Addendum. Handicapped assistance animals used for disabilities are not considered pets.

The civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The federal Agency which administers compliance with this law is the U.S. Department of Housing and Urban Development.

This is to inform you that as a part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information obtained through personal interviews with your landlord, employers, or others with whom you are acquainted may be reviewed. This inquiry will include two credit reporting agencies information in regards to your credit history as well as information as to your character, general reputation, personal characteristics, mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation (Fair Credit Reporting Act). I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my rental liability shall commence on \_\_\_\_\_, 2018, pursuant to the terms of the lease. That if I/We fail to sign the lease and/or pay agreed rental, Security deposit, utility fees, or other required charges as shown in this rental application: the application fee and any holding fees accompanying this application shall be retained by landlord as liquidated damages. I/We agree to this amount being retained by landlord as a reasonable estimate of actual damages to landlord if I/We failed to perform as stated above after approval. I/We also do not believe the loss of these holding fees is an unfair trade practice if I/We fail to perform as stated above after approval. I/We understand that the holding fees accompanying this application are non-refundable after three (3) days. Owner and/or agent for the owner reserves the right to reject this application and to refuse possession of the above mentioned accommodation. I/We have read the forgoing; certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf. Any "yes" or "no" question unanswered shall be considered a "yes."

Have you ever been convicted of or pled guilty or "no contest" to any felony or sexual offense? \_\_\_\_\_

If yes, please explain, providing the location, date and nature of the offense: \_\_\_\_\_

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE. YOU AUTHORIZE THE AGENT OF THE LESSOR TO VERIFY THIS INFORMATION, REFERENCES, CREDIT RECORDS, AND CRIMINAL BACKGROUND. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGEMENT REPRESENTATIVE

\_\_\_\_\_  
DATE