

Concord Square Apartments
APPLICATION FOR RESIDENCE

Proof of Renter's Insurance Required

(Co-applicant must complete separate application)

AGENT: _____

APT.# _____

TYPE: _____

NAME OF APPLICANT _____

E-Mail Address: _____ **DATE OF BIRTH** _____

Any other names used _____ **SOCIAL SECURITY #** _____

PHONE #: _____ CELL PHONE #: _____

ALL OTHERS TO BE LIVING IN THE APARTMENT

Name _____ Date of Birth _____ Social Security # _____

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PRESENT ADDRESS _____

Street _____ City _____ State _____ Zip _____

How long _____ If owner, Lender's name _____ If renter, Manager's phone # _____

If Apartment Community, Name of Property _____ Reason for leaving _____

PREVIOUS ADDRESS _____

Street _____ City _____ State _____ Zip _____

How long _____ If owner, Lender's name _____ If renter, Manager's phone # _____

If Apartment Community, Name of Property _____ Reason for leaving _____

PRESENT EMPLOYER _____

How Long _____

Address _____ Telephone # _____

Position _____ Supervisor _____ Salary per month _____

PREVIOUS EMPLOYER _____

How Long _____

Address _____ Telephone # _____

Position _____ Supervisor _____ Salary per month _____

OTHER INCOME Source(s) _____ Total per month _____

CREDIT INFORMATION:

Bank (Checking) _____ Branch _____ Account # _____

Bank (Savings) _____ Branch _____ Account # _____

Bank (Loan) _____ Branch _____ Account # _____

CREDIT CARDS:

Card _____ Card Number _____ Credit Line _____ Exp. Date _____

Card _____ Card Number _____ Credit Line _____ Exp. Date _____

AUTOMOBILE INFORMATION:

Make _____ Model _____ Year _____ Color _____ License Plate# _____

Make _____ Model _____ Year _____ Color _____ License Plate# _____

Driver's License Number _____ State _____ Expiration Date _____

Address as shown on Driver's License _____

NOTIFY IN CASE OF EMERGENCY:

Name _____ Relation _____ Telephone # _____

Address _____ Business phone # _____

Are you being or have you ever been evicted? _____ Details _____

Applicant states the above information is true and correct and authorizes investigation and verification of any information contained herein.

DATE _____ **APPLICANT'S SIGNATURE** _____

MUST BE WITNESSED BY AGENT