

# Apartment Application and Agreement

Guest Card #	Application \$/Check #	Security Deposit \$/Check #	Building/Apartment #	Approved	Application Date
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**\$50 non-refundable application fee required per adult (18 years or older)**

I am applying for a:  4 BR Suite  2 BR Garden

## Applicant #1

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_ Referred by/Source: \_\_\_\_\_

*(Copy of driver's license/ID required)*

Emergency Contact #1: \_\_\_\_\_  
Name Relationship Daytime Phone Evening Phone

Emergency Contact #2: \_\_\_\_\_  
Name Relationship Daytime Phone Evening Phone

## Personal References

Please list three (3) people who you have known at least two (2) years that you are not related to or work with.

\_\_\_\_\_  
Full Name Phone # Years Known

\_\_\_\_\_  
Full Name Phone # Years Known

\_\_\_\_\_  
Full Name Phone # Years Known

## Employment Information

Full-Time  Part-Time  Unemployed  Self-Employed

Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Date Started: \_\_\_\_\_

Position: \_\_\_\_\_ Average Tips: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_

Current Wage: \$\_\_\_\_\_ Per:  Hour  Week  Month  Year

Do you have more than one job?  Yes  No Additional source of income: \_\_\_\_\_

## Residence History

Do you currently:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent: \$\_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent: \$\_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$\_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent: \$\_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$\_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Personal Information

Are you or anyone in your household subject to a state sex offender lifetime registration requirement?  Yes  No

Have you or anyone in your household been engaged in illegal drugs?  Yes  No

Have you or anyone in your household been convicted of violating any drug related laws?  Yes  No

Have you ever:

Filed for bankruptcy?  Yes  No

Been sued?  Yes  No

Been evicted?  Yes  No

Been convicted of a crime?  Yes  No

Do you have bed bugs at your current residence?  Yes  No

Have you had bed bugs within the last six (6) months?  Yes  No

If so, did you comply with all procedural treatments to eradicate them from your personal belongings?  Yes  No

Do you have any knowledge of having bed bugs currently?  Yes  No

**Note:** Knowingly bringing bed bugs into the apartment is a violation of your lease, grounds for termination and you will be responsible for all costs incurred by the landlord to remove them from your apartment, and any surrounding apartments if necessary.

Explain any "yes" listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when due?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Will this apartment be your only place of residence?  Yes  No If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Applicant #2

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_ Referred by/Source: \_\_\_\_\_

*(Copy of driver's license/ID required)*

Emergency Contact #1: \_\_\_\_\_

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Full Name Phone # Years Known

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\_\_\_\_\_  
Full Name Phone # Years Known

## Employment Information

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Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Position: \_\_\_\_\_ Date Started: \_\_\_\_\_ Phone #: \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Average Tips: \_\_\_\_\_ Fax#: \_\_\_\_\_

Current Wage: \$ \_\_\_\_\_ Per:  Hour  Week  Month  Year

Do you have more than one job:  Yes  No Additional source of income: \_\_\_\_\_

## Residence History

Do you currently:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own Month/Year moved in: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Utilities included:  Yes  No If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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Have you ever:

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Been evicted?  Yes  No

Been convicted of a crime?  Yes  No

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**Note:** Knowingly bringing bed bugs into the apartment is a violation of your lease, grounds for termination and you will be responsible for all costs incurred by the landlord to remove them from your apartment, and any surrounding apartments if necessary.

Explain any "yes" listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Willfully or intentionally refused to pay rent when due?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Will this unit be your only place of residence?  Yes  No If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Information

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student) who will be returning to the household.

Full Name	Relationship	Social Security Number
Full Name	Relationship	Social Security Number
Full Name	Relationship	Social Security Number
Full Name	Relationship	Social Security Number

### Parking Requirements

*Only vehicles listed below are permitted to park in residential parking lots or assigned garages*

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

### Special Requirements:

Are there any special needs or accommodations we should know about? \_\_\_\_\_  
\_\_\_\_\_

I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit. Upon acceptance of this application, I agree to execute a lease for twelve (12) months before possession of an apartment unit and to pay the security deposit, in accordance with the Apartment Deposit Policy after being notified of acceptance. Failure to pay the security deposit within the stated time frame will affect the processing of my move in.

I warrant that all statements above are true and may be used by the landlord and managing agent in accepting or rejecting my application. The undersigned acknowledges that if misrepresentation is made and a lease signed, the misrepresentation is a material breach of the lease and the landlord will have the right to terminate the lease.

It is agreed that the applicant(s), if approved, shall immediately following notification to them of such approval, sign the necessary lease of the apartment applied for. If the applicant fails to sign a lease, their application may be regarded as being void and any deposit will be forfeited.

**Lease Term:** \_\_\_\_\_ **Monthly Rent:** \_\_\_\_\_

**Apartment security deposit amount:** \$ \_\_\_\_\_  **Paid Check #:** \_\_\_\_\_

**Do you have a pet?**  Yes  No **If yes, what kind?** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Pet Fees Total \$500 - Non-negotiable**  **Paid Check #:** \_\_\_\_\_

*(If a pet is acquired and approved by management after initial move-in, the non-refundable fee is due upon approval of pet. Please refer to the Pet Possession and Fee Agreement for detail)*

It is also understood that there are **NO PETS ALLOWED ON THE PREMISES WITHOUT THE PERMISSION OF THE LANDLORD**

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

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

\_\_\_\_\_  
Property Manager/Representative Date

# Background Check Authorization and Release

## Background check required for each prospective apartment resident

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Fox Run at Fulton or its affiliate to conduct a criminal history and identity check regarding me in connection with my residency at Fox Run at Fulton. The background inquiries to be performed are, but not limited to: a driver's license records check; both Federal and State felony and misdemeanor records check; and social security verification. I am willing to allow a photocopy of this authorization be accepted with the same authority as the original and I specifically waive any written notice from any present or former Landlord who may provide information based upon this authorized request. I understand this authorization is to be part of the written lease application and agreement in which I sign.

I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, refusal, or immediate termination of lease. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for residency.

The background information obtained about me may include obtaining and examining any and all records that may relate to my arrest, conviction and/or imprisonment at any time prior to this date, for any felony and/or misdemeanor. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Information Practices Act before adverse action can be taken against me in whole or in part due to a background check.

Further, I hereby authorize all government agencies, state department of motor vehicles, corporations, companies, educational institutions, persons, law enforcement agencies, insurance companies, criminal, civil and federal courts, and former Landlords to release information they may have about me.

I indemnify, without reservation, Fox Run at Fulton; its representatives, officers, agents, employees and assigns, as well as any other company or person gathering or furnishing information to Fox Run at Fulton from any liability and hold harmless, now or in the future, for any claim or damages in law or in equity on behalf of myself, my heirs and assigns, related to the gathering or furnishing of information in connection with this investigation.

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Applicant's Signature

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Date

# Background Check Information Form

**Please provide a copy of your driver's license and social security card.  
Background check required for each prospective apartment resident.**

\_\_\_\_\_  
Last Name                      First Name                      MI                      Date of Birth

\_\_\_\_\_  
Other names used (include maiden name if applicable)

\_\_\_\_\_  
Place of Birth                      Social Security #                      Drivers License #                      State

Gender:  Male  Female                      Hair Color: \_\_\_\_\_                      Eye Color: \_\_\_\_\_

\_\_\_\_\_  
Current Home Address (P.O. Box not accepted)    Apt #                      City                      State                      Zip

\_\_\_\_\_  
Previous Home Address (if moved within last two years)    Apt #                      City                      State                      Zip

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Fox Run at Fulton solicits this information so as to be informed of my previous record and character. I understand that residency at Fox Run at Fulton depends upon successful completion of a criminal background investigation. I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for lease termination.

\_\_\_\_\_  
Applicant's Signature                      Print Name                      Date