



Highleah Townhouses, Inc. Application For Occupancy

Please fill out completely. Failure to complete in full, including daytime phone numbers, could delay processing of this application.

Desired date of Occupancy _____

Date/Time Field

Applicant's Name _____ Maiden Name _____

Date of Birth _____ SSN _____ License # _____ Are you a U.S. citizen? Yes No

Co-Applicant's Name _____ Maiden Name _____

Date of Birth _____ SSN _____ License # _____ Are you a U.S. citizen? Yes No

of people who will occupy unit: Adults (Age 18 & Over) _____ Children (under 18) _____

Ages of children who will occupy _____

RESIDENCE HISTORY - LAST 3 YEARS

Current Address _____ Phone Number _____
Please include CITY, STATE, ZIP & Apartment number if applicable Please include area code

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Present Landlord _____ Phone Number _____
Name - Address (Show Mortgage company if buying) Please include area code

Previous Address _____ Phone Number _____
Please include CITY, STATE, ZIP & Apartment number if applicable Please include area code

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Previous Landlord _____ Phone Number _____
Name - Address (Show Mortgage company if buying) Please include area code

Previous Address _____ Phone Number _____
Please include CITY, STATE, ZIP & Apartment number if applicable Please include area code

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Previous Landlord _____ Phone Number _____
Name - Address (Show Mortgage company if buying) Please include area code

EMPLOYMENT REFERENCES- LAST 2 YEARS

Current Employment _____ Phone Number _____
Address _____ Dept. or Position _____
From mo. _____ Yr. _____ To mo. _____ Yr. _____ Supervisor's Name _____

Previous Employment _____ Phone Number _____
Address _____ Dept. or Position _____
From mo. _____ Yr. _____ To mo. _____ Yr. _____ Supervisor's Name _____

Co-Applicant's Employment _____ Phone Number _____
Address _____ Dept. or Position _____
From mo. _____ Yr. _____ To mo. _____ Yr. _____ Supervisor's Name _____

Previous Employment _____ Phone Number _____
Address _____ Dept. or Position _____
From mo. _____ Yr. _____ To mo. _____ Yr. _____ Supervisor's Name _____

Total Monthly Household Income _____

BANK REFERENCES

Bank Reference _____ Phone Number _____
Address _____ Account # _____ How Long _____ Checking
 Savings

Other Income _____

Indicate source & amount

Have you ever filed Bankruptcy? Yes No If Yes, when _____

This application must be signed by all who will be responsible for the unit and are listed as applicants before it can be considered. Acceptance of this application, and any monies deposited herewith, is not binding until approval is made in writing. By signing, the applicant recognizes that the owner or his/her legal agent may investigate all information shown on this application as well as obtaining information from public records regarding civil and criminal matters, and full disclosure of pertinent facts may be made to the owner. I understand that the credit report fee is non-refundable. Credit Report Fee: \$24.00 per applicant.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____