

Application for Residency
Villas at Parker Apartments Homes
303-321-2521

Apt No. _____ Rent _____ Other Rent _____ M/I Date _____ Leasing Associate: _____

Apt Size _____ Security Deposit _____ Other Deposit _____ No. of Occupants _____ Lease Term _____ mo.

NAME (LAST)	(FIRST)	(MI)
DATE OF BIRTH	SOCIAL SECURITY NO.	- -
DRIVER'S LICENSE NO.		STATE
OCCUPATION		ANNUAL GROSS INCOME
CO-APPLICANT (LAST)	(FIRST)	(MI)
DATE OF BIRTH	SOCIAL SECURITY NO.	
DRIVER'S LICENSE NO.		STATE
OCCUPATION		ANNUAL GROSS INCOME
APPLICANT EMAIL		CO APPLICATION EMAIL

VEHICLES: TYPE COLOR MAKE STATE LICENSE PLATE NO.

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

NAME: _____ RELATIONSHIP TO APPLICANT _____ DOB _____
 NAME: _____ RELATIONSHIP TO APPLICANT _____ DOB _____
 NAME: _____ RELATIONSHIP TO APPLICANT _____ DOB _____

PHONE CONTRACT:

APPLICANT: HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
 CO APPLICANT HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PRESENT ADDRESS:

STREET: _____ APARTMENT NO. _____
 CITY: _____ STATE _____ ZIP _____
 RENT/OWN/LIVE WITH PARENTS? _____ DATES _____ TO _____ MONTHLY PAYMENT _____
 LANDLORD/LENDER: _____ PHONE NO. TO LANDLORD _____

PREVIOUS ADDRESS:

STREET: _____ APARTMENT NO. _____
 CITY: _____ STATE _____ ZIP _____
 RENT/OWN/LIVE WITH PARENTS? _____ DATES _____ TO _____ MONTHLY PAYMENT _____
 LANDLORD/LENDER: _____ PHONE NO. TO LANDLORD _____

CURRENT EMPLOYER:

NAME: _____ PHONE NO. _____
 STREET: _____ CITY _____ STATE _____ ZIP _____
 EMPLOYMENT DATE _____ POSITION _____ SUPERVISOR NAME _____ SALARY _____

CO-APPLICANTS EMPLOYER:

NAME: _____ PHONE NO. _____
 STREET: _____ CITY _____ STATE _____ ZIP _____
 EMPLOYMENT DATE _____ POSITION _____ SUPERVISOR NAME _____ SALARY _____

OTHER INCOME (I.E. SOCIAL SECURITY, CHILD SUPPORT):

TYPE OF INCOME: _____ SOURCE _____ AMOUNT PER MO. _____
 TYPE OF INCOME: _____ SOURCE _____ AMOUNT PER MO. _____

RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU):

NAME: _____ RELATIONSHIP _____ PHONE NO. _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
NAME: _____ RELATIONSHIP _____ PHONE NO. _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PET INFORMATION:

TYPE: _____ BREED _____ WEIGHT _____ lbs.

KEEPING A 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.

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

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 part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information's obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, mode of living, and credit report. 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 these investigations. (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/our rental liability shall commence during or on _____, 2014 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 on this application the \$200/\$250 holding fees accompanying this application shall be retained by landlord as liquidated damages and 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 this holding fee 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 two (2) 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 understand that any fees charged for running this application are non-refundable once this application has been run. I/We have read the forgoing; certify that the information herein is TRUE and CORRECT, that his 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 OF "NO CONTEST" TO ANY FELONY OR MISDEMEANOR?
YES [] NO []

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OF "NO CONTEST" TO A SEXUAL OFFENSE?
YES [] NO []

IF YES, PLEASE EXPLAIN, PROVIDING THE LOCATION, DATE AND NATURE OF THE OFFENSE:

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

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