

Regency Place

APPLICATION FOR RESIDENCY

Each adult applicant must complete a separate application. Complete the following information for each household member that will occupy the unit at the time of move-in and throughout the term of the lease. **APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL**

Property Address _____ Apt. # _____

Rent \$ _____ Security Deposit \$ _____

Lease Term Will Be From _____ to _____

NAMES OF PERSONS TO OCCUPY APARTMENT

NAME	DATE OF BIRTH	SOC SEC #	DRIVERS LICENSE #

CURRENT HOUSING INFORMATION

Present Address _____ Rental Amount \$ _____

City _____ Zip Code _____

Name of Landlord _____ Landlord's Phone _____

From (date) _____ To (date) _____ Reason for Leaving _____

Own Home _____ Rent _____

PREVIOUS HOUSING INFORMATION

Address _____ Rental Amount \$ _____

City _____ Zip Code _____

Name of Landlord _____ Landlord's Phone _____

From (date) _____ To (date) _____ Reason for Leaving _____

YOUR EMPLOYER

Company Name _____ Hours _____

How long have you been employed there? _____ Gross Monthly Income \$ _____

Company Address _____

Phone Number _____ Your Position Held _____

Name of Immediate Supervisor _____

YOUR INCOME SOURCE (Other than employment; For example: Social Security, Pension, etc.)

Name of Income Sources _____ Monthly Income \$ _____

Address _____ Phone Number _____

SELF-EMPLOYED APPLICANTS: If you are self-employed you will need to provide the following information: Tax returns, business license, bank records and/or vendor names, with addresses and phone numbers for verification.

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YOUR CREDIT/BANKING INFORMATION

Bank Name _____ Checking Acct Number _____

Bank Name _____ Savings Acct Number _____

Credit Card _____ Account Number _____

ADDITIONAL INFORMATION

Do you own a pet? _____ If so, what kind? _____ Approximate Weight _____
(Applications will not be approved without written verification of pet policy compliance)

Have you ever been evicted from an apartment? Yes No (Circle One)

If Yes, Explain: _____

EMERGENCY CONTACT (OTHER THAN PERSONS LISTED ON THIS APPLICATION)

Name _____ Relationship _____

Address _____ Work Phone _____ Home Phone _____

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE. ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF OWNER OR MANAGING AGENT. FALSE, INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION.

The applicant consents to a routing inquiry of housing, income and credit references. This inquiry will provide applicable information concerning the applicant's character, creditworthiness, and reliability.

APPLICANT AGREES THAT:

1. The information on this application is correct and I authorize agents for Goldleaf Development, LLC to obtain my credit report from the Madison Credit Bureau as well as to contact any references listed.
2. Goldleaf Development, LLC reserves the right to refuse any application, which proves to be fraudulent or has insufficient information.
3. Goldleaf Development, LLC shall have up to 21 Calendar days from acceptance of the earnest money to approve or deny the rental applications.
4. If applicant is accepted and becomes a tenant, not less than seven days after the start of the tenancy, tenant may request, in writing, that landlord provide tenant with a list of physical damages or defects, if any charged to the previous tenant's security deposit.

I certify that the answer given herein are true and complete to the best of my knowledge.

Your signature _____ Date _____

Phone Number (_____) _____