

APPLICATION FOR RESIDENCY

The undersigned hereby agrees to execute a lease upon approval of the application for residency for **The Helston Apartments**.

Upon approval of the application for residency, the owner or agent may apply the holding deposit of \$200.00 on account of funds due or to become due unless the undersigned cancels the application within three working days of signing this agreement. If the application was not cancelled within three days and the undersigned chooses not to enter into the lease, the deposit will be forfeited as liquidated damages incurred by the owner as a result of not having been able to rent the apartment to another party during this time.

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying application for residency are true and correct and that the application for residency is submitted for the purpose of inducing approval of this application in the undersigned's behalf.

In the event that this application is not approved, the undersigned shall be entitled to have the return of the holding deposit made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. The \$50.00 fee for processing the application is not under any circumstances refundable, whether the application is approved or declined the fee is applied strictly for the purpose of processing the application for residency and cannot be applied to rent or deposits.

APPLICANT (#1) _____
First Middle Last

APPLICANT (#2) _____
First Middle Last

OCCUPANTS ON LEASE UNDER THE AGE OF 18:

(1) _____ (2) _____
Name Birth Date Name Birth Date

DO YOU HAVE A PET? _____ Type: _____ Breed: _____ Name: _____ Gender: _____

APPLICANT #1	Name _____
Email _____	Cell Phone # _____ Work Phone # _____
Date of Birth _____ Social Security _____ / _____ / _____	Driver's License# _____ Issuing State _____
Address _____	City _____ State _____ Zip _____
How Long Resided _____	Present Rent \$ _____ Landlord Name _____
Landlord Address & Phone _____	
Previous Address (if above is less than 3 yrs.) _____	City _____ State _____ Zip _____
Employer _____	Supervisor _____
Gross Weekly Income \$ _____	Gross Yearly Income \$ _____ Occupation/Job Title _____
Length of Employment _____	Employer's Address _____

APPLICANT #2	Name _____
Email _____	Cell Phone # _____ Work Phone # _____
Date of Birth _____ Social Security _____ / _____ / _____	Driver's License# _____ Issuing State _____
Address _____	City _____ State _____ Zip _____
How Long Resided _____	Present Rent \$ _____ Landlord Name _____
Landlord Address & Phone _____	
Previous Address (if above is less than 3 yrs.) _____	City _____ State _____ Zip _____
Employer _____	Supervisor _____
Gross Weekly Income \$ _____	Gross Yearly Income \$ _____ Occupation/Job Title _____
Length of Employment _____	Employer's Address _____

Number of Automobiles: Yr. _____ Make _____ Model _____ Plate No. _____ State _____ Color _____
Yr. _____ Make _____ Model _____ Plate No. _____ State _____ Color _____

Closest Relative in Emergency: _____ Relationship: _____
Address: _____ Phone: _____

ALL OCCUPANTS MUST PERSONALLY APPEAR BEFORE LEASING AGENT WHEN EXECUTING THIS APPLICATION FOR LEASE.

I, the undersigned, warrant and represent the information on the application for residency to be true and correct and hereby authorize verification of any information deemed necessary for the purpose of evaluating and approving my application for rental or lease of the residence for which this application was made. I understand such information may include, but not limited to, rental history, credit/criminal records and employment/income verifications. I acknowledge that false information herein may constitute grounds for rejection of the application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I expressly release The Helston Apartments Agent, all heirs and assigns and any procurer or furnisher of information from any liability what-so-ever in the use, procurement or furnishing of such information.

This application is not a lease or rental agreement. No representation is made as to the availability of an apartment or any specific apartment.

Signature Applicant 1 _____ Date _____ How did you hear about our Community? _____

Signature Applicant 2 _____ Date _____ 

Office Use Only

Beginning Date	Ending Date	Lease Term	Unit Type
Monthly Rental	Total Rent for Term	Pro-Rate Dates / Rent	Security Deposit
Bond Fee	Balance to be paid by certified check or money order \$		

Application Received By: _____ Date: _____

Property Manager Signature: _____ Date: _____

Approved: Yes ☐ No ☐ Special Notes: _____