

Application for Residency at  
Union Meadows Apartments

PLEASE PRINT

NAME \_\_\_\_\_ DOB \_\_\_\_\_ S.S. # \_\_\_\_\_  
NAME \_\_\_\_\_ DOB \_\_\_\_\_ S.S.# \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_ LENGTH OF TIME \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
LANDLORD \_\_\_\_\_ PHONE # \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ CURRENT RENT ? \_\_\_\_\_

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PRESENT EMPLOYER \_\_\_\_\_ LENGTH OF TIME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ POSITION \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_ MONTHLY GROSS \_\_\_\_\_  
PREVIOUS EMPLOYER (if present is less than one year) \_\_\_\_\_  
LENGTH OF TIME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_ MONTHLY GROSS \_\_\_\_\_  
EMPLOYER CO-APPLICANT \_\_\_\_\_ LENGTH OF TIME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_ MONTHLY GROSS \_\_\_\_\_  
OTHER SOURCES OF INCOME \_\_\_\_\_ AMOUNT \_\_\_\_\_

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PERSONS OTHER THAN ABOVE TO OCCUPY APARTMENT

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_

WHERE DO YOU BANK? \_\_\_\_\_

DO YOU OR ANY ONE LIVING IN YOUR HOUSEHOLD SMOKE? \_\_\_\_\_

AUTOMOBILES

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CO-APP \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

ARE YOU RESIDING IN THIS COUNTRY ILLEGALLY? \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: NAME / RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

A deposit in the amount of \$ \_\_\_\_\_ is paid to hold apartment # \_\_\_\_\_ for a move-in on \_\_\_\_\_ .  
If this application is approved with a move in date and I fail to sign the lease on said apartment, the deposit will be forfeited in it's entirety to cover any expenses incurred.. A non-refundable application fee of \$35.00 will be charged per application for credit and criminal report, landlord and employment verification. I hereby give Union Meadows permission to verify the information on this application and to the best of my knowledge it is true and complete. If the information is not true it can be grounds for denial or eviction.

Signature \_\_\_\_\_ DL#'s \_\_\_\_\_

Signature \_\_\_\_\_ DL#'s \_\_\_\_\_

Phone# \_\_\_\_\_ DATE \_\_\_\_\_