



APPLICATION FOR RESIDENCY
(SPOUSE ADDENDUM)

Apartment #: _____

Name of Spouse: _____

RESIDENT INFORMATION

Applicant Name _____ Date of Birth _____ SSN: _____

Phone Number: _____ Email Address _____

Driver's License # _____ State _____

Marital Status: Married *Your signature is required on Spouse's application.

Other Occupants Name: _____ Birth date: _____ Relationship: _____

Other Occupants Name: _____ Birth date: _____ Relationship: _____

Do you have Pets? How Many: _____ Dog/Cat/Other: _____ Breed(s): _____ Weight: _____

RESIDENTIAL HISTORY

Current Address: _____ City: _____ State: _____ Zip: _____

Move In Date: _____ Move Out Date: _____ Monthly Rent \$ _____ Circle One: Rent/Own

Reason for leaving _____

Property/Landlord Name: _____ Is this Owner a Friend/Family Member? Circle One: Yes or No

Property/Landlord Phone: _____ Property/Landlord Email: _____

EMPLOYMENT & INCOME INFORMATION

Current Employer: _____ Circle One: Part Time/Full Time

Position held: _____ Start Date: _____ Supervisor Name: _____

Employer Address: _____ City: _____ St: _____ Zip: _____

Employer Phone: _____ Email: _____ Fax: _____

Gross Monthly Salary: _____ Other Sources of Income: _____

(Examples of other Sources of Income could include: Social Security, Disability, Part-time job, Child Support, Family Assistance, etc.)

Monthly Income from Other Source (if applicable): _____ Total Gross Monthly Income: _____

Previous Employer: _____ Phone: _____

VEHICLE INFORMATION

Vehicle: Year/Make/Model _____ Color _____ Tag # & State _____

EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

*For your Emergency contact, please list a Friend or Relative that will not be living with you.