



Application For Occupancy

Please fill out completely. Failure to complete in full, including daytime phone numbers, could delay processing of this application.

Property: Independence Square Townhouses, Inc.

Desired date of Occupancy _____

Date/Time Field _____

Applicant's Name _____

Maiden Name _____

Date of Birth _____

SSN _____

If married less than 5 years

Single

Married

Divorced

Separated

Are you a U.S. citizen? Yes No

Co-Applicant's Name _____

Maiden Name _____

Date of Birth _____

SSN _____

If married less than 5 years

Single

Married

Divorced

Separated

of people who will occupy unit: Adults (Age 18 & Over) _____ Children (under 18) _____

Ages of children who will occupy _____

Pets Description _____

In Case of Emergency, notify _____

RESIDENCE HISTORY - LAST 3 YEARS

Current Address _____ Phone Number _____

Please include CITY, STATE, ZIP & Apartment number if applicable

Please include area code

From mo. _____ Yr. _____

To mo. _____ Yr. _____

Present Landlord _____ Phone Number _____

Name - Address (Show Mortgage company if buying)

Please include area code

Previous Address _____ Phone Number _____

Please include CITY, STATE, ZIP & Apartment number if applicable

Please include area code

From mo. _____ Yr. _____

To mo. _____ Yr. _____

Previous Landlord _____ Phone Number _____

Name - Address (Show Mortgage company if buying)

Please include area code

RESIDENCE HISTORY - Cont.

Previous Address _____ Phone Number _____

Please include CITY, STATE, ZIP & Apartment number if applicable

Please include area code

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Previous Landlord _____ Phone Number _____

Name - Address (Show Mortgage company if buying)

Please include area code

EMPLOYMENT REFERENCES

Current Employment _____ Phone Number _____

Address _____ Dept. or Position _____

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Supervisor's Name _____

Previous Employment _____ Phone Number _____

Address _____ Dept. or Position _____

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Supervisor's Name _____

Co-Applicant's Employment _____ Phone Number _____

Address _____ Dept. or Position _____

From mo. _____ Yr. _____ To mo. _____ Yr. _____

Supervisor's Name _____

Monthly Household Income _____

BANK REFERENCES

Bank Reference _____ Phone Number _____

Address _____ Account # _____

How Long _____ Checking

Savings

Other Income _____

Indicate source & amount

CREDIT REFERENCES

1. _____ Acct #. _____ Phone Number _____

2. _____ Acct #. _____ Phone Number _____

3. _____ Acct #. _____ Phone Number _____

Have you ever filed Bankruptcy? Yes No If Yes, when _____

CHARACTER REFERENCES

1. _____ Address _____ Phone Number _____
2. _____ Address _____ Phone Number _____

Number of Cars _____
Include Company Cars _____

Applicant Driver's License # _____
Co-Applicant Driver's License # _____

Make	Color	Year	License #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This application must be signed by all who will be responsible for the unit and are listed as applicants before it can be considered. Acceptance of this application, and any monies deposited herewith, is not binding until approval is made in writing. By signing, the applicant recognizes that the owner or his/her legal agent may investigate all information shown on this application as well as obtaining information from public records regarding civil and criminal matters, and full disclosure of pertinent facts may be made to the owner. I understand that the credit report fee is non-refundable. Credit Report Fee: \$24.00 per applicant

Applicant's Signature

Current Date _____

Co-Applicant's Signature

Current Date _____