



APPLICATION FOR RESIDENCY

APPLICATION FEE \$30 (NONREFUNDABLE)

*First Name: _____ MI: _____ *Last Name: _____

*DOB: _____ *DL #: _____ *State: _____ *SSN: _____

*Cell Phone: _____ Home Phone: _____ Work Phone: _____

*Email Address: _____ Alternate Email Address: _____

*Style (choose all that apply) studio 1 bedroom flat 2 bedroom flat 2 bedroom townhome
 3 bedroom flat 3 bedroom townhome 4 bedroom townhome 5 bedroom townhome

*Date Needed _____ *Furnished or Unfurnished _____

*Do you have a pet? _____

Other Persons to occupy the apartment regularly (including roommates):

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

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

No. of Yrs: _____ Start Date: _____ End Date: _____ Monthly Rent: \$ _____

Landlord: _____ Phone: _____ Reason Leaving: _____

*Permanent Address: _____ City: _____ State: _____ Zip: _____

Present Employer: _____ Position: _____

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

Phone: _____ No. of Yrs: _____ Present Income (please attach pay stub): \$ _____

Additional Income: _____

Have you ever been evicted or asked to vacate from a previous tenancy? _____

Do you currently owe any outstanding balance(s) to a previous landlord? _____

If you answered yes to any of the above, please explain: _____

Pets:	Type	Weight	Age	Color	Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Vehicles:	Make	Model	Color	Year	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Guarantor First Name: _____ MI: _____ *Last Name: _____
 *Address: _____ *City: _____ *State: _____ *Zip: _____
 *Cell Phone: _____ Home Phone: _____ Work Phone: _____
 *Email Address: _____ *Relationship: _____
 *SSN: _____ *Has guarantor ever filed for bankruptcy? yes no If yes, when? _____
 *Will you be the emergency contact as well? yes no

Emergency Contact Information

*First Name: _____ MI: _____ *Last Name: _____
 *Address: _____ *City: _____ *State: _____ *Zip: _____
 *Cell Phone: _____ Home Phone: _____ Work Phone: _____
 *Email Address: _____ *Relationship: _____

Acknowledgements

I hereby authorize all persons and firms named in this application to freely provide to The Avenue ("Landlord") information requested about me, and I hereby release the Landlord and all agents, employees, parent and subsidiary companies, the parties who provide the requested information, and all other people and companies whatsoever, as to any complaints, claims, or damages, and all rights of action that I may have resulting there from. By signing this application, I authorize Landlord and their agents, employees, partners, subsidiaries, and affiliates to gather information about me relative to this application.

Specifically included in this authorization, among other things, the Landlord may obtain rental history and credit report(s) on me and use them in its decision-making process as to this application, and may furnish adverse information, if any, about my tenancy at The Avenue to credit reporting agencies.

I hereby pay to the Landlord a non-refundable application fee of \$30 per person for processing this application, which I acknowledge shall not be refunded for any reason.

I certify all of the above information is true, accurate and complete. I acknowledge that false information herein shall constitute sufficient grounds for rejection of this application, termination of my lease and tenancy and non-return of fees and deposits. By signing below I represent that I have read and agree to all provisions of this application.

Landlord shall comply with the Fair Housing Act. The Fair Housing Act prohibits discrimination in the sale, rental, and financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, FHA, USDA, and Washington, DC 20250.

Applicant Signature: _____ Date: _____

Where did you hear about The Avenue? Newspaper: Radio: Friends: Online: Other:
 Please specify: _____

Office Use Only			
Credit Check:	_____	Date Completed:	_____ Approved: _____
Activity Fee:	_____	Date Paid:	_____ Check #: _____
Admin. Fee:	_____	Date Paid:	_____ Check #: _____
Application Fee:	_____	Date Paid:	_____ Check #: _____
Security Deposit:	_____	Date Paid:	_____ Check #: _____
Lease Dates:	From: _____	To: _____	Installment Amount: _____
Apartment / Bed Space Assignment:			Circle One: <input type="checkbox"/> Furnished / <input type="checkbox"/> Unfurnished



RESIDENT PROFILE

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Find me on: facebook.com/_____ Instagram: @_____ Twitter: @_____

Gender: Male Female Age: _____ Date of Birth: ____/____/____

Are you a smoker? Yes No If you smoke, will you only smoke outside? Yes No

Do you mind if your roommate smokes? Yes No Do you mind if your roommate smokes only outside? Yes No

Please circle the number that best corresponds to you for each of the following categories:

- Work Habits:** light 1 2 3 4 5 6 7 8 9 10 serious
- Study Habits:** light 1 2 3 4 5 6 7 8 9 10 serious
- Neatness:** messy 1 2 3 4 5 6 7 8 9 10 neat
- Personality:** quiet 1 2 3 4 5 6 7 8 9 10 outgoing
- Social Habits:** light 1 2 3 4 5 6 7 8 9 10 frequent
- Sleeping Habits:** Early riser 1 2 3 4 5 6 7 8 9 10 stay up late

Enrollment Status: Freshman Sophomore Junior Senior Graduate Transfer Non-Student

University/College: _____ Major: _____

Describe your hobbies, TV habits, sleeping habits, personality, etc: _____

What extracurricular activities are you involved in (sorority/fraternity, sports, etc.)? _____

What characteristics do you look for in a roommate/apartment mate? _____

Will you be bringing a pet? Yes No Are you willing to live with a pet? Yes No Do you have a pet allergy? Yes No

Roommate Requests

If you have already chosen your roommates, please indicate their name below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be matched with roommates based off of your resident profile form. Unfortunately, roommate requests cannot be guaranteed.

- 1) _____ Phone: _____ Email: _____
- 2) _____ Phone: _____ Email: _____
- 3) _____ Phone: _____ Email: _____
- 4) _____ Phone: _____ Email: _____

I understand that the information on this Resident Profile form will be used for making roommate assignments and that Management can in no way guarantee roommate compatibility. Management will not make room assignments based on Race, Color, Religion, National Origin, Disability, Gender, Familial Status or Sexual Orientation in accordance with the Fair Housing Act. I authorize for this information to be provided to potential roommates for the purpose of coordinating the roommate matching and move-in process.

Signature Date

For Office Use Only	
Unit/Bed: _____	Date: _____
Unit Type: _____	Initials: _____