

APPLICATION FOR APARTMENT

Name: _____ Address: _____ City: _____ Zip: _____ Phone #: _____ Email: _____ Social Security #: _____ Date of Birth: _____ Employer: _____ How Long: _____ Address: _____ Zip: _____ Phone #: _____ Supervisor: _____ Position: _____ Yearly Salary: _____ Adults: _____ Number of Children: _____ Name & Ages Of Children That Will Live In Apartment Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____	Name: _____ Address: _____ City: _____ Zip: _____ Phone #: _____ Email: _____ Social Security #: _____ Date of Birth: _____ Employer: _____ How Long: _____ Address: _____ Zip: _____ Phone #: _____ Supervisor: _____ Position: _____ Yearly Salary: _____ Adults: _____ Number of Children: _____ Name & Ages Of Children That Will Live In Apartment Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____
---	---

NO OTHER INDIVIDUALS ARE PERMITTED IN THE APARTMENT BY LAW - NO PETS ALLOWED

Present Landlord: _____
 Phone #: _____ How Long: _____
 Reason For Leaving: _____
 Have You Ever Rented From Shamco Mgmt.: _____
 When: _____
 Prior Landlord: _____
 Phone #: _____ How Long: _____
 How Did You Hear Of Shamco Mgmt: _____

Business Reference: _____
 Address: _____
 Phone # _____

Personal Reference: _____
 Address: _____
 Phone # _____

Bank Reference: _____
 Address: _____
 Phone # _____
 Driver's License: _____ State: _____

Present Landlord: _____
 Phone #: _____ How Long: _____
 Reason For Leaving: _____
 Have You Ever Rented From Shamco Mgmt.: _____
 When: _____
 Prior Landlord: _____
 Phone #: _____ How Long: _____
 How Did You Hear Of Shamco Mgmt: _____

Business Reference: _____
 Address: _____
 Phone # _____

Personal Reference: _____
 Address: _____
 Phone # _____

Bank Reference: _____
 Address: _____
 Phone # _____
 Driver's License: _____ State: _____

It is understood that this application in no way binds the Landlord to the renting of an apartment. A Credit Report and a Past Eviction Report are herewith authorized in connection with our Apartment Application request along with the **Non-Refundable Fee of \$50.00**. The application will be processed on the basis of a fully completed application first and processing will not begin until full deposit is received. A deposit of \$ _____ in the form of a Bank or Postal Money Order will be left for the apartment indicated below, and it is agreed that I / we agree to forfeit said deposit if I / we decide to withdraw reservation for said apartment. All security money, plus a signed lease, must be received by the office five (5) days prior to move in date.

NOTE: APPLICANT MUST PROVIDE COPIES OF VALID DRIVERS LICENSE (WITH PHOTO), SOCIAL SECURITY CARD, CURRENT EMPLOYMENT PAYSTUBS AND/OR RECENT TAX RETURNS. ONLY BANK OR POSTAL MONEY ORDERS WILL BE ACCEPTED.

Applicant _____ Date _____ Applicant _____ Date _____

Building # _____ Rent Deposit: _____ Date Received: _____ Deposited: _____ Approved: _____
 APT #: _____ Tenant Notified of Acceptance: _____ Amount of Security: \$ _____ Date Received: _____

Lease To Tenant: Given _____ Mailed _____ Tenant Returned Signed Lease _____

CREDIT REPORT:

Applicant Signature _____ Date _____ Applicant Signature _____ Date _____

Email: _____