

EACH ADULT APPLICANT MUST COMPLETE A SEPARATE APPLICATION IN FULL

Full Legal Name (Including Maiden) Of All Proposed Occupants	Relationship	Date of Birth	Age	Sex	Social Security Number

If no Social Security Number is provided, additional information may be required.

1. Current Status:	Single	Married	Separated	Divorced	Widowed
2. Have you ever been divorced?	Yes	No	If yes, how many times? _____		
3. Are you now, or do you plan to become, a full time student?	Yes	No			
4. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?	Yes	No			
5. Do you have any pets?	Yes	No			
6. If yes, how many?	_____	Breed(s):	_____	Weight(s):	_____

CURRENT EMPLOYER #1 NOT APPLICABLE

COMPANY NAME		
ADDRESS	CITY	STATE
TELEPHONE/FAX NUMBER	SUPERVISOR NAME	
JOB DESCRIPTION	MONTHLY INCOME (GROSS)	
	\$ _____	
EMPLOYMENT DATES		
FROM: _____	TO: _____	

CURRENT EMPLOYER #2 NOT APPLICABLE

COMPANY NAME		
ADDRESS	CITY	STATE
TELEPHONE/FAX NUMBER	SUPERVISOR NAME	
JOB DESCRIPTION	MONTHLY INCOME (GROSS)	
	\$ _____	
EMPLOYMENT DATES		
FROM: _____	TO: _____	

PREVIOUS EMPLOYER NOT APPLICABLE

COMPANY NAME		
ADDRESS	CITY	STATE
TELEPHONE/FAX NUMBER	SUPERVISOR NAME	
JOB DESCRIPTION	MONTHLY INCOME (GROSS)	
	\$ _____	
EMPLOYMENT DATES:		
FROM: _____	TO: _____	

CURRENT RESIDENCE NOT APPLICABLE

ADDRESS	MONTHLY RENT/PMT	
CITY	STATE	ZIP
RESIDENCE DATES:	FROM: _____	TO: _____
ARE YOU IN A WRITTEN CONTRACT TO RENT OR OWN? _____		
OWNER'S RELATIONSHIP TO YOU: _____		
NAME OF OWNER/APARTMENT COMMUNITY	OWNER'S TELEPHONE	

PREVIOUS RESIDENCE NOT APPLICABLE

ADDRESS	MONTHLY RENT/PMT	
CITY	STATE	ZIP
RESIDENCE DATES:	FROM: _____	TO: _____
WERE YOU IN A WRITTEN CONTRACT TO RENT OR OWN? _____		
OWNER'S RELATIONSHIP TO YOU: _____		
NAME OF OWNER/APARTMENT COMMUNITY	OWNER'S TELEPHONE	

EMERGENCY CONTACT

NEAREST RELATIVE OTHER THAN SPOUSE	RELATIONSHIP	
ADDRESS	CITY	STATE
TELEPHONE NUMBER: _____		

AUTOMOBILE NOT APPLICABLE

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE NUMBER
DO YOU OWN AN ADDITIONAL AUTO, MOTORCYCLE, RV, BOAT/TRAILER? _____				
IF SO, PLEASE DESCRIBE: _____				



How did you hear about us? _____

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood the application fee of \$ _____ is non-refundable. (A \$25 NSF fee will apply to all returned checks) Applicants have seven (7) days to supply all information needed to process the application. In the event all information is not submitted within the 7 days, management reserves the right to cancel the application. All applications are valid up to 120 days from the signature date below. Applications over 120 days will require an updated application and new application fee. I authorize and direct any Federal, State or local agency, organization, business or individual to release information and to verify my application for residency based on a copy of this authorization

I agree that previous or current information regarding my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity and marital status, child support, alimony, employment, income and assets, credit and criminal activity, residences and rental activity. This authorization extends to information relating to all minors of which the undersigned has custody. This authorization will stay in effect for four years from the date signed.

Pedcor Management Corporation does not discriminate against applicants based on race, sex, age, religion, national origin, familial status, or handicap. All supporting documentation is attached.

ADULT APPLICANT SIGNATURE _____
DATE

PRINTED NAME _____
PHONE NUMBER _____
EMAIL ADDRESS

I agree to notify management of any known changes to this application that would be effective prior to move-in or thereafter. (Initial) _____

OFFICE USE ONLY

APPLICATION RECEIVED BY: _____	MOVE-IN DATE: _____	LEASE TERM: _____
UNIT ADDRESS: _____	DEPOSIT: _____	_____
APARTMENT TYPE: _____	RENT/RECURRING FEES: _____	_____

