



LEGACY PARTNERS APPLICATION FOR RESIDENCY

Each co-resident must submit separate application

Date: Community Name: Apt# Apt. Type:

Monthly Rent: Move-In Date: Pro-Rate \$

Applicant:

Applicant's Name: Date of Birth: Social Security #

Driver's License # State Phone #

Other Occupants:

(List any additional occupants other than the applicants that will be occupying the apartment home)

1. Name: Date of Birth 3. Name: Date of Birth

2. Name: Date of Birth 4. Name: Date of Birth

Rental History:

(Please include all addresses you have occupied in the last 24 months)

Current Address: Street Apt# (if applicable) City State Zip code

Owned or Rented (circle one) Dates of Residency: From: To: Present Landlord/ Manager: Contact phone number for landlord of mortgage co.

Monthly Payment: Reason for moving:

Previous address: Street Apt# (if applicable) City State Zip code

Owned or Rented (circle one) Dates of Residency: From: To: Present Landlord/ Manager: Contact phone number for landlord of mortgage co.

Monthly Payment: Reason for moving:

Have you ever been evicted from any leased premises: If yes when: Have you ever broken a rental agreement: If yes please explain: Have you ever been convicted of a crime other than a minor traffic violation: If yes please explain:

Income:

Present Employer: Position: Business Address: Phone #: Dates of Employment: Gross Monthly Salary:

Additional Income: (Please include all verifiable sources) Gross monthly Amount: Source: Gross monthly Amount: Source: Gross monthly Amount: Source: Gross monthly Amount: Source:

Vehicles:

Year & Make Color License # and State Registered to: Year & Make Color License # and State Registered to: Year & Make Color License # and State Registered to:

Please include a description and license # for any BOAT, MOTORCYCLE, RV etc. that you make own and sometimes park at the community

Pets:

Do you own a Pet: If so how many Type Weight Color & Breed

Emergency Contact

Name: _____ **Relationship** _____ **Contact #** _____

I/We understand the application fee is a non-refundable payment for a credit check and processing charge of this application and such sum is not a rental payment or security deposit. This amount will be retained by Agent to cover the cost of processing application as furnished by the applicant; any false information will constitute grounds for rejection of application. **THE RENTAL AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY AGENT.**

I/ We understand the deposits and fees to be:
Security Deposit: _____ **Pet Deposit:** _____ **Pet Rent:** _____ **Non-Refundable application Fee:** _____

I/We hereby deposit \$ _____ with Agent. This amount will be refunded within 7 working days if the application is denied or if the applicant withdraws the application in writing within 72 hours of the date of the signed application. If the application is accepted and applicant fails to occupy the premises on the agreed upon date, except for delay caused by Agent, the deposited amount will be retained by Agent as liquidated damages for holding the apartment off the market.

I/We warrant(s) and represent(s) the information provided on this application to be true and correct. I/We authorize Legacy Partners or its Agent to make such investigation into my/our credit, employment, rental and criminal history as they may deem appropriate, We further authorize Legacy Partners to periodically run updated inquiries, both during and for a reasonable time following the term of any resulting lease period, for the purposes of assessing our continuing leasing qualifications and to assist in the collection of any unpaid balances due us. Further release all parties from liability for any damage that may result from furnishing such information to Agent

Applicants Signature _____ **Date:** _____

Managing Agents Signature _____ **Date:** _____