PTG

Application for Residency

_____

First Name   Middle   Name   Last Name

_____   _____   _____

Date of Birth   Social Security Number   Drivers License Number

_____   _____   _____

Home Phone Number   Work Phone Number   Other Number or e-mail address

_____

Present Street Address   City/State/Zip Code

How long have you lived at the above address: _____ Own ☐   Rent ☐ ($_____)

                                                                        monthly rent

Current Landlord: _____
                        Name / telephone number

If less than 10 years at your current address, please provide your previous address:

_____

Street Address   City/State/Zip code

Previous Landlord: _____
                        Name / telephone number

Current Employer: _____
                        Company Name   City/State/Zip code

Years Employed: _____   Position: _____   Annual Salary: _____

Supervisor/Manager: _____
                        Name / telephone number

Current Bank Reference: _____   _____
                        Bank Name   Account Number

Emergency Contact: _____
                        Name / Telephone number   relationship to applicant

Automobile: _____
                Year   Make   Model   Color   Plate number

Number of children to occupy unit: _____

Child's Name	Child's Age

Pet type:_____   Bread: _____   Weight: _____

Must be filled out completely !
CORRECT INFORMATION – Applicant represents that all of the above information and statements are true and complete and hereby authorizes verification of the above information, references and credit records. In addition to the foregoing applicant has paid to owner herewith the sum of $_____ as a non-refundable fee for owners costs and expenses in checking applicant's credit. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and / or forfeiture of deposits and may constitute a criminal offense under the laws of this State.
I HAVE READ AND AGREE TO THE PROVISIONS AS STATED
*Each adult applicant must complete and sign an application for residency

_____   _____

Applicant's Signature   Date   Reviewed By   Date