



Residential Application Form

Please complete this form carefully and thoroughly. Each applicant must submit the requested information.

Applicant:

Name: _____ Sex: M F

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Years at this address: _____ Rent **or** Own (Circle one)

Reason for Leaving: _____

Name and Phone Number of Above Owner/Manager: _____

Co-Applicant:

Name: _____ Sex: M F

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Years at this address: _____ Rent **or** Own (Circle one)

Reason for Leaving: _____

Name and Phone Number of Above Owner/Manager: _____

OTHER:

Please answer by checking yes or no

APPLICANT

CO-APPLICANT

A. Have you ever been convicted or placed on deferred adjudication for an offense that required you to register as a sex offender?

YES NO

YES NO

- B. Have you ever been convicted of a felony? YES NO YES NO
- C. Do you have a current restraining order for domestic violence issued against you? YES NO YES NO
- D. Are you currently under indictment for any offense at this time? YES NO YES NO
- E. Have you ever been evicted or a defendant in any eviction judgement? YES NO YES NO

If you answered "YES" to any of the above, please explain in a confidential letter to the management office.

APPLICANT

Driver's License No: _____ State _____
 Soc. Sec. No: _____ - _____ - _____
 Date of Birth: _____ - _____ - _____
 Height: _____ Eye Color: _____
 Weight: _____ Hair Color: _____

PRESENT EMPLOYMENT:

Employer: _____
 Profession: _____
 Annual Income: _____
 Phone: _____ Years: _____
 Address: _____

Previous (Immediately Prior):

Employer: _____
 Profession: _____
 Annual Income: _____
 Phone: _____ Years: _____
 Address: _____

PERSONAL REFERENCES – Non-Relative:

1. Name: _____
Phone: _____
2. Name: _____
Phone: _____
3. Name: _____
Phone: _____

CO-APPLICANT

Driver's License No: _____ State _____
 Soc. Sec. No: _____ - _____ - _____
 Date of Birth: _____ - _____ - _____
 Height: _____ Eye Color: _____
 Weight: _____ Hair Color: _____

PRESENT EMPLOYMENT:

Employer: _____
 Profession: _____
 Annual Income: _____
 Phone: _____ Years: _____
 Address: _____

Previous (Immediately Prior):

Employer: _____
 Profession: _____
 Annual Income: _____
 Phone: _____ Years: _____
 Address: _____

PERSONAL REFERENCES – Non-Relative:

1. Name: _____
Phone: _____
1. Name: _____
Phone: _____
1. Name: _____
Phone: _____

ADDITIONAL OCCUPANT(S):

Please list all additional persons who will be occupying the premises, including children, relatives, and other occupants.

- A. Name: _____ Age: _____ Relationship: _____
- B. Name: _____ Age: _____ Relationship: _____
- C. Name: _____ Age: _____ Relationship: _____

PET(S):

- A. Will you or other occupants have a pet(s)? _____ Yes _____ No Kind: _____

CORRECT INFORMATION:

The undersigned represent(s) that all the above statements are true and complete and hereby authorize(s) verification of such information. Any false information given above shall be grounds for rejection of this application, non-return of deposits, and termination of rights of occupancy; and it may constitute a criminal offense under the laws of this State. Applicant further authorizes Regency House Condominium Association to obtain verification of all information. The reporting agencies' charge for this service is \$200.00 per person (This is a non-refundable fee) payable upon application. All information may be released to The Regency House Condominium Association.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____

For Office Use Only

1. Information verified by: _____ Title _____
2. Date applicant and co-applicant notified of () acceptance () non-acceptance
3. Notification was by () telephone () letter, copy attached () in person
4. Names of persons to whom above notice was actually given: (applicant and all co-applicants are to be notified) _____
5. Name of seller's representative who notified the above person(s): _____
6. Deadline for applicant and co-applicant to close (date): _____