

Eagle Ridge - APPLICATION FOR OCCUPANCY

OFFICE USE ONLY

Leasing Agent	Name of Property	Rental Rate	Move-In Date
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PLEASE READ BEFORE COMPLETING THIS APPLICATION:

Applicant should answer all questions completely (including where references may be reached Monday - Friday from 8:00 am to 5:00 pm). INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE	PHONE	BIRTHDATE	SSN
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SPOUSE'S INFORMATION

LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE	SSN
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NAMES AND AGES OF CHILDREN

PARENT INFORMATION - for emergency purposes

NAME	ADDRESS	PHONE NUMBER
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RESIDENTIAL INFORMATION

CURRENT ADDRESS

STREET ADDRESS AND APT. NUMBER	CITY	STATE	ZIP	HOW LONG? FROM	TO
NAME OF LANDLORD OR MORTGAGE CO.	ADDRESS--LANDLORD	PHONE--LANDLORD	RENT PAID		

PREVIOUS ADDRESS

STREET ADDRESS AND APT. NUMBER	CITY	STATE	ZIP	HOW LONG? FROM	TO
NAME OF LANDLORD OR MORTGAGE CO.	ADDRESS--LANDLORD	PHONE--LANDLORD	RENT PAID		

PREVIOUS ADDRESS

STREET ADDRESS AND APT. NUMBER	CITY	STATE	ZIP	HOW LONG? FROM	TO
NAME OF LANDLORD OR MORTGAGE CO.	ADDRESS--LANDLORD	PHONE--LANDLORD	RENT PAID		

Have you ever refused to pay rent? Ever been evicted? Ever convicted of a felony?
If so, please explain:

APPLICANT'S EMPLOYMENT

EMPLOYER	ADDRESS	CITY	STATE	ZIP
POSITION	HOW LONG? from to	MO. INCOME - NET	TELEPHONE #	

SPOUSE'S EMPLOYMENT

EMPLOYER	ADDRESS	CITY	STATE	ZIP
POSITION	HOW LONG? from to	MO. INCOME - NET	TELEPHONE #	

Automobile Information

Make	Model	Year	STATE
Make	Model	Year	

SOURCE OF OTHER INCOME

HOW MUCH PER MONTH?	DURATION OF INCOME
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DRIVER'S LICENSE

STATE ISSUED	EXPIRATION DATE
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By signing, the applicant releases the management company to conduct an investigative report to determine the eligibility of applicant. This inquiry includes information as to character, credit and mode of living. This application may be denied as a result of any misrepresentation or insufficient information as a result of an incomplete application. Applicant has the right to make a written request within a reasonable period of time to receive additional information as to the nature and scope of this investigation

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____