

# RESIDENCY APPLICATION

Today's Date: \_\_\_\_\_ Desired Occupancy Date: \_\_\_\_\_ Preferred Apt Size: \_\_\_\_\_  
 Lifestyle Preference:  Independent Living  Assisted Living  Memory Care  
 How did you hear about us? \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Rent  Own  Current Address: \_\_\_\_\_  
 Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Driver's License or State ID #: \_\_\_\_\_  
 Do you own a vehicle? Yes  No  If so, make and model: \_\_\_\_\_

## Emergency Contact:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MONTHLY INCOME	
Social Security	
Pension(s)	
Annuities	
Wages	
Interest	
Dividends	
Rent	
IRA Distribution	
Other	
Total	

ASSETS	
Checking Account	
Savings Account	
Stocks/Bonds	
Annuities	
IRAs	
Life Insurance (cash value)	
Personal Residence	
Other Residence	
Certificate of Deposit	
Other	
Total	

**Power of Attorney for Health Care:** Yes  No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Power of Attorney for Finances:** Yes  No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian:** Yes  No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Have you...**

Ever been evicted? Yes  No  Ever had a judgement filed against you? Yes  No   
 Ever been convicted of a misdemeanor? Yes  No  Ever declared bankruptcy? If so, when? \_\_\_\_\_ Yes  No   
 Ever been convicted of a felony? Yes  No  Ever had an account assigned to a collection agency? Yes  No   
 Have you ever been subject to a lifetime sex offender registration program in any state? Yes  No   
 If yes, which states? \_\_\_\_\_

Do you have a bed bug or other pest issue in your current residence? Yes  No   
 Has your residence been treated for bed bugs or other pest in the last 12 months? Yes  No   
 If yes, please explain: \_\_\_\_\_

I (we) understand that the filing of this application does not in any way bind The Associated Management Company to reserve a unit for me. I (we) understand that all applications are carefully screened for income and residence history as outlined in our Resident Selection Criteria and/or Tenant Selection Plan understand that the information on this application will be used to secure criminal conviction as part of the screening process. I (we) understand that upon submission of the application I will need to submit a copy of my State ID or Driver's License, all legal paperwork for a Power of Attorney or Guardian (if applicable), and all necessary financial documents for income verification. I (we) understand and agree that untrue or fraudulent statements made on this application may result in rejection or termination of any lease entered with the community indicated below and loss of any housing assistance and eviction from the apartment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Time Application Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_