

# Fountain Park Apartments Application for Residency

Date \_\_\_\_\_

Note: 1) Deposits will not be refunded if applicant cancels after 72 hours from date of application. 2) Application Fee is not refundable.

## Personal Information

Applicant - First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Drivers License/Gov't ID # \_\_\_\_\_ Type \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Length of time at present Address \_\_\_\_\_

Do you own, rent, or live with family \_\_\_\_\_ Rent/Payment Amount \$ \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If less than 1 years, previous address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Cars \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

## Employment

Employer \_\_\_\_\_ How long employed \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position or Title \_\_\_\_\_ Approximate yearly income \$ \_\_\_\_\_

## Non-Lessee Occupant Information

Name of Occupant #1 - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Occupant #2 - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Occupant #1 - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

**\*Adult occupants must fill out adult occupant form and pass criminal background check\***

Person to notify in case of an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Have you or any occupant listed above been convicted of a felony and/or a misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?**

\_\_\_\_\_ No \_\_\_\_\_ Yes

**Do you have the legal right to be in the United States? (Check One)**

\_\_\_\_\_ No \_\_\_\_\_ Yes, because I am a United States citizen

\_\_\_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services

Application taken by \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**I, the above signed applicant state that all information is true and correct and I authorize Fountain Park Apartments to run credit history and background reports to determine if I meet the required criteria.**

## MANAGEMENT USE ONLY

Property Address \_\_\_\_\_ Bldg. \_\_\_\_\_ Apt. # \_\_\_\_\_ Type \_\_\_\_\_

Monthly Rate \_\_\_\_\_ Rent Special \_\_\_\_\_

**Pet:** Y or N **Carport:** Y or N # \_\_\_\_\_ **Employee Partnership:** Y or N **Homes for Heroes:** Y or N

**Application Approved:** Y or N **Date Approved:** \_\_\_\_\_ **Adverse Action Letter Sent:** Y or N Date Sent: \_\_\_\_\_

**Security Deposit Required:** \_\_\_\_\_ **Application Fee Waived or Reduced:** Y or N Reason \_\_\_\_\_

**Application Fee(s) Received \$** \_\_\_\_\_ **Holding Fee Received \$** \_\_\_\_\_ **Other Payments Received \$** \_\_\_\_\_  
Description of payment: \_\_\_\_\_

**Lease Start Date** \_\_\_\_\_ **Lease End Date** \_\_\_\_\_

Identification Verified Verified By \_\_\_\_\_