

Autumn Woods

Luxury Apartment Living

APPLICATION FOR RESIDENCY

Office Use ONLY	
Date Submitted:	_____
APP Fee:	_____
HOLD Fee:	_____

Please complete, sign* and return this application along with each applicant's 1) two (2) most recent paystubs; 2) a copy of photo ID. We also require a \$35.00 non-refundable application fee *per applicant* over the age of 18 and a \$300.00 non-refundable hold/move-in fee *per apartment*. The Application fee(s) and Holding fee must be paid by 2 separate checks or money orders made out to **OUTLOOK DEVELOPMENT**. Cash and credit cards not accepted at any time.

*** The application must be signed in the presence of an Outlook Development employee or notarized before being submitted.**

Select Choice (1,2, etc): _____ 3 Bdr w/Garage _____ 2 Bdr Lower _____ 2 Bdr Upper _____ 2 Bdr Upper w/Garage

Desired Move-In Date _____ List pets: Cat _____ Dog – Breed & Adult Weight: _____

To your knowledge has your dog or cat bitten or attacked anyone in the past. Yes No

APPLICANT OVER 18:

Last Name:	First Name:
Social Security #:	Date of Birth:
Home Phone: Cell:	E-mail:

Have you ever been charged or convicted of a crime? If yes, please explain: YES NO

Have you ever been a defendant in an unlawful detaining (eviction), lawsuit or defaulted (failed to perform) any obligation of a rental agreement or lease? If yes, please explain: _____

RESIDENCY (Minimum 2 Years):

Current Address:	Town/State	Zip:	From:	To:
Reason for Leaving:			Own / Rent \$ _____ /month	
Property Manager/Owner:			Phone:	

Previous Address:	Town/State	Zip:	From:	To:
Reason for Leaving:			Own / Rent \$ _____ /month	
Property Manager/Owner:			Phone:	

EMPLOYMENT (Minimum Last 2 Years):

Current Employer:	Supervisor Name/Phone #:		
Address: Town/State/Zip	Start Date:	End Date:	
Position:	Gross Monthly Salary \$	Work Phone No.	

Previous Employer:	Supervisor Name/Phone #:		
Address: Town/State	Start Date:	End Date:	
Position:	Gross Monthly Salary \$	Work Phone No.	

OTHER INCOME: (Verifiable only: if self-employed or retired, be prepared to provide personal tax returns, W-2's, etc.)

Source(s) _____ Amount \$ _____ Month _____

EMERGENCY CONTACT – SOMEONE NOT LIVING IN THE APARTMENT.

Name:	Relationship:
Home Phone:	Address:

PLEASE LIST OTHERS OVER 18 WHO WILL BE LIVING IN THE APARTMENT:

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

PLEASE LIST ANY MINORS UNDER 18 WHO WILL BE LIVING IN THE APARTMENT:

Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:

APPLICANT'S SIGNATURE:

I/WE ACKNOWLEDGE THAT THE \$300 HOLD FEE IS NON-REFUNDABLE, UNLESS THE APPLICANT(S) ARE NOT APPROVED.

I/WE UNDERSTAND THAT THIS IS A ROUTINE APPLICATION TO ESTABLISH CREDIT, CHARACTER, EMPLOYMENT AND RENTAL HISTORY. I ALSO UNDERSTAND THAT THIS IS **NOT** AN AGREEMENT TO RENT AND THAT ALL APPLICATIONS MUST BE APPROVED. I AUTHORIZE VERIFICATION OF REFERENCES GIVEN. I DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT, AND I AGREE THAT THE LANDLORD MAY TERMINATE MY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE. I ALSO GRANT PERMISSION TO CONTACT MY EMPLOYER TO VERIFY EMPLOYMENT/ INCOME AND PERMISSION TO CONTACT MY PREVIOUS LANDLORDS TO VERIFY PAYMENT HISTORY.

APPLICANT'S SIGNATURE

DATE: _____ WITNESS: _____

By submitting this application, I am giving **Autumn Woods Community** permission to run a background check on myself and any cosigners.

*If adverse action is taken based on the consumer report, you have rights under the Fair Credit Reports Act, including the right to obtain a free copy of the report and to dispute the accuracy or completeness of any information in such report.

For Office Use Only	
Approval Status:	
Conditions:	
Rent Rate:	
Move-in Date:	
Notes:	

