

# ATKINSON TOWERS, INC.

APARTMENT: # 1508

DEPOSIT: \$ 100.00

## APPLICATION FOR RESIDENCY

(Please Print Clearly)

[ X ] RENTER

DATE: \_\_\_\_\_

(If the apartment is to be rented, the name of person signing the lease is on Line 1.)

| NAME       | FIRST | MIDDLE | LAST | PRESENT PHONE | E-Mail Address |
|------------|-------|--------|------|---------------|----------------|
| <b>(1)</b> |       |        |      |               |                |

| PRESENT ADDRESS | Street | Apt.# | CITY | STATE | ZIP CODE |
|-----------------|--------|-------|------|-------|----------|
|                 |        |       |      |       |          |

| PRESENT (MOST RECENT LANDLORD/AGENT) | PHONE (Incl. Area) | HOW LONG? | REASON FOR LEAVING |
|--------------------------------------|--------------------|-----------|--------------------|
|                                      |                    |           |                    |

**EMPLOYMENT INFORMATION (If retired, list previous occupation or profession)**

| EMPLOYER/COMPANY/FIRM | STREET | CITY | STATE | ZIP CODE | PHONE |
|-----------------------|--------|------|-------|----------|-------|
|                       |        |      |       |          |       |

| POSITION HELD | HOW LONG EMPLOYED | SUPERVISOR |
|---------------|-------------------|------------|
|               |                   |            |

**LIST OF PERSONS RESIDING WITH YOU**

If/when changes occur, notify your Agent/Owner. Any additions must be interviewed & approved by Landlord

| NAME       | FIRST | MIDDLE | LAST | PRESENT PHONE | E-Mail Address |
|------------|-------|--------|------|---------------|----------------|
| <b>(2)</b> |       |        |      |               |                |

| EMPLOYER/COMPANY/FIRM | STREET | CITY | STATE | ZIP CODE | BUS. PHONE |
|-----------------------|--------|------|-------|----------|------------|
|                       |        |      |       |          |            |

| NAME       | FIRST | MIDDLE | LAST | PRESENT PHONE | E-Mail Address |
|------------|-------|--------|------|---------------|----------------|
| <b>(3)</b> |       |        |      |               |                |

| EMPLOYER/COMPANY/FIRM | STREET | CITY | STATE | ZIP CODE | BUS. PHONE |
|-----------------------|--------|------|-------|----------|------------|
|                       |        |      |       |          |            |

**REFERENCES: (Local Preferred)**

| NAME | ADDRESS | CITY | STATE | OCCUPATION | PHONE |
|------|---------|------|-------|------------|-------|
|      |         |      |       |            |       |

| NAME | ADDRESS | CITY | STATE | OCCUPATION | PHONE |
|------|---------|------|-------|------------|-------|
|      |         |      |       |            |       |

| VEHICLE/CAR (MAKE) | YEAR | MODEL | COLOR | LICENSE | STATE | STALL NO. |
|--------------------|------|-------|-------|---------|-------|-----------|
|                    |      |       |       |         |       |           |

**EMERGENCY INFORMATION (Repeat name of occupant in same sequence as above.)**

| NAME OF OCCUPANT | PHYSICIAN | PHONE | HOSPITAL PREFERENCE | PHONE |
|------------------|-----------|-------|---------------------|-------|
| <b>(1)</b>       |           |       |                     |       |

| PERSONS TO NOTIFY: NAME | COMPLETE ADDRESS | PHONE: HOME | BUSINESS |
|-------------------------|------------------|-------------|----------|
|                         |                  |             |          |

| NAME OF OCCUPANT | PHYSICIAN | PHONE | HOSPITAL PREFERENCE | PHONE |
|------------------|-----------|-------|---------------------|-------|
| <b>(2)</b>       |           |       |                     |       |

| PERSONS TO NOTIFY: NAME | COMPLETE ADDRESS | PHONE: HOME | BUSINESS |
|-------------------------|------------------|-------------|----------|
|                         |                  |             |          |

| NAME OF OCCUPANT | PHYSICIAN | PHONE | HOSPITAL PREFERENCE | PHONE |
|------------------|-----------|-------|---------------------|-------|
| <b>(3)</b>       |           |       |                     |       |

| PERSONS TO NOTIFY: NAME | COMPLETE ADDRESS | PHONE: HOME | BUSINESS |
|-------------------------|------------------|-------------|----------|
|                         |                  |             |          |

**INCOME**

Current Income \$ \_\_\_\_\_ Weekly/Monthly/Yearly Source \_\_\_\_\_

Current Income \$ \_\_\_\_\_ Weekly/Monthly/Yearly Source \_\_\_\_\_

**CREDIT ACCOUNTS**

Current (open) include Credit Card(s)

| CREDITORS NAME | ADDRESS | ACCOUNT # | PAYMENT  | CURRENT        |
|----------------|---------|-----------|----------|----------------|
|                |         |           | \$ _____ | [ ] Yes [ ] No |
|                |         |           | \$ _____ | [ ] Yes [ ] No |

**ATKINSON TOWERS, INC. APPLICATION FOR RESIDENCY Page 2/2**

I/we understand that occupancy is limited to those whose names are listed here/or on supplemental applications. The Atkinson Towers, Inc. Board of Directors must approve all applicants prior to occupancy. Short-term guests must be registered with the resident manager prior to occupancy.

The undersigned applicant agrees to notify the Maintenance Manager and request an assignment of an elevator to move in or out of the building at least 48 hours prior to move. Arrangements will be made for parking movers at that time. Note: There is a charge of \$35 per move-in and move-out.

The undersigned applicants are aware that there is **NO** guest parking available and any violators will have their cars/vehicles towed away at the owner's expense without notice. Manager assigns use of any parking area during office hours for service people.

In case of illness or injury and an ambulance is needed, the Association (Atkinson Towers, Inc.) or a representative will not be held responsible for payment of this service.

The undersigned and all occupants are aware that there is a \$100.00 charge for any lost security Fob, which must be reported immediately to Rental Agent and/or the Landlord.

Security is every resident or guest's responsibility. Allow no one access to the lobby, elevator, pool deck, or any floor unless the person is a known current resident or person showing their security Fob. Always be sure all exist doors are securely shut.

**The undersigned has read and understands the House rules and agrees to abide by them. It is also acknowledged that any breach of these House Rules is grounds for immediate termination of all tenancy rights regardless of any written or verbal lease or rental agreement.**

The undersigned completes this application with the knowledge that the apartment owner/agent and the Board of Directors of Atkinson Towers, Inc. will rely on the accuracy hereof in acting on this application. If, upon investigation, anything of substance contained on this form is found to be untrue, it is understood that resident and residents, solely and jointly, will be subject to termination of all tenancy rights. This application is subject to approval and acceptance by the Landlord/Owner.

The undersigned Applicant(s) authorizes the owner, agent, and/or the Board of Directors to contact past and present landlords, employers, creditors, credit bureau, neighbours, and any other sources deemed necessary to investigate applicant(s).

**ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.**

**THIS SECTION TO BE COMPLETED BY INTERVIEWER**

Credit Report: (Favorable/Unfavorable) By: \_\_\_\_\_

Landlords Contacted: \_\_\_\_\_ References Contacted: \_\_\_\_\_ Employment Verified: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Initial Deposit: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Unit Applied For: \_\_\_\_\_ Terms of Lease \_\_\_\_\_ Move-in-Date: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

**ATKINSON TOWERS INC.**

**APPLICANT(S) PRINT**

**SIGNATURE**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Agent: **Walt Flood, REALTOR ®** \_\_\_\_\_

**DATE:** \_\_\_\_\_