

APPLICANT INFORMATION

FULL NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____ (Jr. / Sr.) _____
 DOB ____ / ____ / ____ SOCIAL SECURITY # _____ - ____ - ____ SEX _____ MARITAL STATUS _____ (opt)
 OCCUPATION _____ GROSS ANNUAL INCOME (from all sources)\$ _____
 DL # _____ STATE _____ EMAIL _____ CELL PHONE _____

VEHI	TYPE	COLOR	MAKE	LICENSE PLATE #	STATE	YEAR

LIST OTHERS TO RESIDE IN APARTMENT AND CHILDREN WHO WILL VISIT ON A PERMANENT BASIS:

FULL LEGAL NAME	SS #	RELATIONSHIP	SEX	DOB	ANNUAL INCOME	VISITING ?

PRESENT ADDRESS: Note: Please provide occupancy history for previous two years

STREET _____ APT# _____ HOME PHONE(_____) _____
 CITY _____ STATE _____ ZIP _____ RENT/OWN? MTHLY PMT \$ _____
 DATES(from) ____ / ____ / ____ (to) ____ / ____ LANDLORD PHONE(_____) _____

PREVIOUS ADDRESS (If at present address less than two years):

STREET _____ APT# _____ HOME PHONE(_____) _____
 CITY _____ STATE _____ ZIP _____ RENT/OWN? MTHLY PMT \$ _____
 DATES(from) ____ / ____ / ____ (to) ____ / ____ LANDLORD PHONE(_____) _____

PREVIOUS ADDRESS (If at present address less than two years):

STREET _____ APT# _____ HOME PHONE(_____) _____
 CITY _____ STATE _____ ZIP _____ RENT/OWN? MTHLY PMT \$ _____
 DATES(from) ____ / ____ / ____ (to) ____ / ____ LANDLORD PHONE(_____) _____

EMPLOYER AT TIME OF MOVE-IN:

NAME _____ START DATE ____ / ____ / ____
 STREET _____ POSITION _____
 CITY _____ STATE _____ ZIP _____ SALARY \$ _____
 SUPERVISOR/HR CONTACT NAME _____ PHONE(_____) _____

OTHER INCOME:

TYPE OF INCOME	SOURCE	GROSS ANNUAL AMOUNT
		\$ _____
		\$ _____

RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU):

(1)NAME _____ RELATIONSHIP _____ CONTACT PHONE(_____) _____
 STREET _____ CITY _____ STATE _____ ZIP _____

(2)NAME _____ RELATIONSHIP _____ CONTACT PHONE(_____) _____
 STREET _____ CITY _____ STATE _____ ZIP _____

ARE YOU LEGALLY ELIGIBLE TO LIVE IN THE UNITED STATES: (Please check one)

Yes, I am a U.S. Citizen No
 Yes, I have valid documentation from the U.S. Immigration and Naturalization Service (INS) that allows me to be in the country;
 List source of documentation _____ List _____
 If you have an Individual Tax ID #, please provide in the following space _____

ADDITIONAL INFORMATION: (Check whichever applies)

I Do Have a Water Bed I Do Not Have a Water Bed
 I Do Have a Fish Tank I Do Not Have a Fish Tank

PET INFORMATION: (I Will Not Be Bringing A Pet) (I Will Be Bringing A Pet):

TYPE _____ BREED _____ HEIGHT _____ WEIGHT _____
 TYPE _____ BREED _____ HEIGHT _____ WEIGHT _____

NOTE: Keeping pets requires consent of management, payment of applicable fees/deposits, and execution of Pet Addendum. Service animals are not considered pets.

The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development.

The undersigned applicant and/or co-signer represents that all of the above statements are true and correct and hereby authorizes verification of the above information. If such information proves to be false or misleading, Owner shall have the right to deny this application. The undersigned applicant and/or co-signer hereby consents to allow HPI Cushendall, LLC ("Owner"), itself or through its designated agents or employees, to obtain a consumer report and criminal record and to obtain and verify credit and employment information for the purpose of determining whether to lease an apartment to me. The undersigned applicant or co-signer agrees and understands that Owner and its agents and employees may obtain additional consumer reports and criminal record in the future to update or review my account. Upon my request, Owner will tell me whether consumer reports or criminal records were requested and the names and addresses of any consumer reporting agency that provided such reports. The undersigned applicant and/or co-signer understands that the application fee is non-refundable.

APPLICANT _____

DATE _____

