



# RESIDENCY APPLICATION

## Orchard Hills

APARTMENT HOMES

Apartment \_\_\_\_\_ Move In Date \_\_\_\_\_

Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Monthly Fees: \$ \_\_\_\_\_

Specials: \_\_\_\_\_ \$ \_\_\_\_\_

Leasing Consultant \_\_\_\_\_

**APPLICANT #1**  *Resident/Leaseholder*  *Co-signer/Guarantor*

Name \_\_\_\_\_ Employed by \_\_\_\_\_

Address \_\_\_\_\_ Position / Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary & \_\_\_\_\_ / monthly or \$ \_\_\_\_\_ / yearly \_\_\_\_\_

Phone # Home \_\_\_\_\_ Mobile \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

E mail \_\_\_\_\_ Other Income: (Amount) \_\_\_\_\_

May we contact you through e-mail ? \_\_\_\_\_ EMERGENCY CONTACT INFORMATION (Resident/Leaseholders only)

Previous Address \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Name of Landlord / if applicable \_\_\_\_\_ Address \_\_\_\_\_

Landlord Telephone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT #2**  *Resident/Leaseholder*  *Co-signer/Guarantor*

Name \_\_\_\_\_ Employed by \_\_\_\_\_

Address \_\_\_\_\_ Position / Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary & \_\_\_\_\_ / monthly or \$ \_\_\_\_\_ / yearly \_\_\_\_\_

Phone # Home \_\_\_\_\_ Mobile \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

E mail \_\_\_\_\_ Other Income: (Amount) \_\_\_\_\_

May we contact you through e-mail ? \_\_\_\_\_ EMERGENCY CONTACT INFORMATION (Resident/Leaseholders only)

Previous Address \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Name of Landlord / if applicable \_\_\_\_\_ Address \_\_\_\_\_

Landlord Telephone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I consent to allow Orchard Hills Apartment Homes, through its agent , partners, affiliated companies and/or employees, to obtain and verify my credit information, criminal history, investigative consumer report, consumer re employment , income, and landlord references, for any purpose, including whether or not to lease me an apartment. I understand that should I lease an apartment Orchard Hills Apartment Homes shall have a continuing right to these items, in addition to my residency application, payment history and occupancy history for account review purposes and for improving application methods. Orchard Hills may obtain information from any source and ma exchange credit information with consumer reporting agencies. I also affirm that all information in this application is true and complete. I make this representation knowing that if any such information proves false, Orchard H Apartment Homes may cancel and annul any lease given in reliance upon such information.

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

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