

Leisure Time Apartments APPLICATION FOR RESIDENCY

APPLICANT INFORMATION

Name:

SSN:

Ph:

Cell Ph:

Current address:

City:

State:

ZIP Code:

Landlord Name:

Ph:

Monthly Payment or Rent:

How long?

Reason for Leaving:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Position:

Hourly/Salary (Please circle)

Annual income:

Supervisor:

Ph:

CO-APPLICANT INFORMATION

Name:

SSN:

Ph:

Cell Ph:

Current address:

City:

State:

ZIP Code:

Landlord Name:

Ph:

Monthly Payment or Rent:

How long?

Reason for Leaving:

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Supervisor:

Phone #:

FAMILY INFORMATION

How many children live with you?	Children's Ages:	
Do you have pets?	Type of pets:	
Does anyone in your household smoke?		
REFERENCES		
Name:	Relationship to you:	
Address:		
Ph:	Cell Ph:	
Name:	Relationship to you:	
Address:		
Ph:	Cell Ph:	
EMERGENCY INFORMATION		
Name of a relative not residing with you:		
Address:		
City:	State:	ZIP Code:
Ph:	Cell Ph:	
Relationship:		
Name of a relative not residing with you:		
Address:		
City:	State:	ZIP Code:
Ph:	Cell Ph:	
SIGNATURES		
I/We declare that the above statements are true. I/We hereby authorize verification of any of the above information.		
Signature of applicant		Date
Signature of co-applicant		Date
<p>If you have questions regarding this application, please contact: Steve Fryling at 269-808-0790 Please mail completed application to: Steve Fryling 12996 Bayview Drive Vicksburg, MI 49097 scifry@comcast.net</p>		