



**RESIDENTIAL RENTAL APPLICATION
(1 per Applicant)**

Non-Refundable Fee: \$50.00 per household

All information must be filled out completely. Incomplete applications will be returned to the applicant(s). Please print all information legibly.

THE PROPERTY

Street Address: _____

City: _____ State: _____ Zip: _____

APPLICANT DETAILS

Full Name: _____

DOB: ____/____/____ SSN: ____-____-____

Driver's License #: _____ State: _____

Phone: _____

Email: _____

Have you Ever Been Convicted of a Felony? ____ Yes ____ No

If Yes, Describe: _____

Have you Ever Filed for Bankruptcy? ____ Yes ____ No

If Yes, Describe: _____

Have you Ever Been Evicted? ____ Yes ____ No

If Yes, Describe: _____

Are you required to register as a sex offender? ____ Yes ____ No

Will you need parking? ____ Yes ____ No Number of Vehicles? _____

Make: _____ Model: _____ Color: _____ Plate: _____

Make: _____ Model: _____ Color: _____ Plate: _____



CURRENT EMPLOYMENT

Company: _____

Occupation / Title: _____

How Long? _____ Gross Income: \$ _____ (from Prior Year Tax Filing)

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____ May we Contact: ___ Yes ___ No

PREVIOUS EMPLOYMENT

Company: _____

Occupation / Title: _____

How Long? _____ Gross Income: \$ _____ (from Prior Year Tax Filing)

Address: _____ City: _____ State: _____

Supervisor: _____ Phone: _____ May we Contact: _____ Yes _____ No

CURRENT RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____

Street Address: _____

City: _____ State: _____ Zip: _____

How Long at Address? _____ Lease Expiration Date: _____

Reason for Moving: _____

CURRENT LANDLORD

Full Name: _____

Address: _____

Phone: _____ Email: _____

May we Contact: _____ Yes _____ If no, why not: _____



PREVIOUS RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____

Street Address: _____

City: _____ State: _____ Zip: _____

How Long at Address? _____ Lease Expiration Date: _____

Reason for Moving: _____

PREVIOUS LANDLORD

Full Name: _____

Address: _____

Phone: _____ Email: _____

May we Contact: _____ Yes _____ If no, why not: _____

PERSONAL REFERENCES

Please list three personal (not professional) references who can speak to your likelihood to pay your rent in a timely manner, obey the community rules and be a good tenant and neighbor.

1. Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

2. Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

3. Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____



CERTIFICATION

Please read the following information before signing this application:

I/We understand that **Foxfire Property Management, Inc.** is relying on this information to provide my household eligibility for residential rental in the **Granite Center Apartments**. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my application. I/We also understand that such action may result in criminal penalties.

I/We authorize my/our consent to have management verify the information contained in this Application for purposes of providing my/our eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting management's criteria.

All Household Members 18 and Older **MUST** Sign:

Applicant Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____

NOTE: Applications that are incomplete, illegible and/or are not accompanied by the proper documentation will be returned to the applicant(s).