



APPLICATION FOR RESIDENCY

Today's Date _____

ONE APPLICATION SHOULD BE FILLED FOR EACH APPLICANT AND CO-APPLICANT SHARE JOINT CREDIT

1. ABOUT YOU						2. OTHERS LIVING WITH YOU			
Last Name		First Name		M	Occupant 1 Name			DOB	
US Citizen? Y N	SSN or ITI N		Date of Birth		Relationship to Applicant		SSN or ITIN		
Have you ever been convicted of a felony? Y N Explain:			DL# State		Occupant 2 Name			DOB	
Have you ever broken a rental agreement or apt lease? Y N Explain:			Home Phone		Relationship to Applicant		SSN or ITIN		
Have you ever declared bankruptcy or been in foreclosure? Y N Explain:			Work Phone		Occupant 3 Name			DOB	
Former Last Names		Marital Status		Cell Phone		Relationship to Applicant		SSN or ITIN	
Maiden Name		Military? Active / Reserve/ None		Email Address		Pets? Y N	Type/ Breed/ Age/ Weight		
3. CURRENT RESIDENCE					4. PREVIOUS RESIDENCE				
Rent?	Current Address (Street, City, State, Zip)				Rent?	Current Address (Street, City, State, Zip)			
Own?					Own?				
Landlord/Mortgage Company Name					Landlord/Mortgage Company Name				
Your Phone #	Landlord/Mortgage Co Phone #		Monthly Payment		Your Phone #	Landlord/Mortgage Co Phone #		Monthly Payment	
Move-In Date	Move-Out Date		Notice Given		Move-In Date	Move-Out Date		Notice Given	
5. CURRENT EMPLOYMENT					6. PREVIOUS EMPLOYMENT				
Employed By					Employed By				
Address: Street, City, State, Zip					Address: Street, City, State, Zip				
Supervisor's Name			Salary/Wages (MONTHLY)		Supervisor's Name			Salary/Wages (MONTHLY)	
Supervisor's Phone #/ HR Dept			Supervisor's Email		Supervisor's Phone #/ HR Dept			Supervisor's Email	
Position/ Title	Start Date		End Date/ Present		Position/ Title	Start Date		End Date/ Present	
ADDITIONAL INCOME: Child support, Alimony, Pension, Investment Dividends, Annuity, etc. Please List								Total/ Month	
7. VEHICLES					8. BANK & CREDIT INFORMATION				
Vehicle 1 Make/Model/Color			Tag/State		Bank Name/ Acct Number			Account Type	
Vehicle 1 Make/Model/Color			Tag/State		Bank Name/ Acct Number			Account Type	
Vehicle 1 Make/Model/Color			Tag/State		Creditor 1		Amount Owed		Mthly Payment
Do you have an RV, Boat, Trailer, Commercial Vehicle or Motorcycle? Y N >>List			Tag/State		Creditor 3		Amount Owed		Mthly Payment
			Tag/State		Creditor 3		Amount Owed		Mthly Payment
9. PERSONAL REFERENCES & EMERGENCY INFORMATION									
Family Physician			Address		City	State	Zip	Phone #	
Emergency Contact 1			Relationship		Address: City, State, Zip				Phone #
Emergency Contact 1			Relationship		Address: City, State, Zip				Phone #
Emergency Contact 1			Relationship		Address: City, State, Zip				Phone #

I agree that all of the information listed above is accurate (initials) _____

I hereby deposit the following with Dover Chase, LLC along with this application.

	Required Amount	Amount Paid	Date Paid/Due
Holding Fee	\$ _____	\$ _____	\$ _____
Amenity Fee	\$ _____	\$ _____	\$ _____
Security Deposit	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by any bank, savings and loan, employer (present and former), landlord, and/or, any other lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentation on this Application will constitute default under the lease or Rental Agreement Between parties.

If I cancel this Application after 72 hours on refuse to occupy the premises on the agreed upon date, then I acknowledge, understand and agree that any monies collected for an Amenity Fee, and Holding Fee will be retained. In addition, 50% of the first month's rent will be billed and due immediately as liquidated damages for not occupying the apartment home. If I cancel my application before 72 hours of submitting this application, I will receive a refund of all monies except for the Application Fee.

I authorize Management to process a Criminal Background Check on me and any occupants listed above as Occupants.

I agree that I will return to the leasing office within 72 hours of approval of this application to sign my lease agreement and all applicable lease addenda. I have read and understand the Dover Chase, LLC Statement of Rental Policy.

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date

Agent for Dover Chase, LLC

Date

THIS SECTION FOR DC USE ONLY

Date Application Received _____
Apartment number Assigned _____
Expected Move – In Date _____
Quoted Rent _____
Quoted Concession _____
Garage? _____
Other Fees _____

IDENTIFICATION CHECKLIST

1. Social Security Card or ITIN card verification match what is on app?
 2. State of current residence verified?
 3. Does address match Photo ID given?
 4. Does Date of Birth match ID given?
- ***Repeat this checklist for all applicants on this document.