

**RESIDENCY APPLICATION AND DEPOSIT FORM**

**APPLICANT INFORMATION**  
 \*Initial application fee: \$25.00  
 \* Additional Adult application fee: \$15.00

Name:		Email:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Monthly rent	Move in date:	Out:
Landlord Name:		Landlord Phone:

Did you rent this residence?  Yes  No  
 Is your name on the lease?  Yes  No  
 Have you given written notice?  Yes  No

Previous address:

City:	State:	Zip Code:
Monthly rent	Move in date:	Out:
Landlord Name:		Landlord Phone:

Did you rent this residence?  Yes  No  
 Is your name on the lease?  Yes  No  
 Have you given written notice?  Yes  No

**EMPLOYMENT INFORMATION**

Current employer:

Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Gross Net <i>(Please circle)</i>	Monthly income:

**EMERGENCY CONTACT**

Name of a relative not residing with you:

Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**INFORMATION OF ANYONE OVER 19 WHO WILL BE RESIDING AT SKY VIEW HOMES (\$15 FEE PER PERSON)**

Name:		Email:
Date of birth:	SSN:	Phone:

**EMPLOYMENT INFORMATION**

Current employer:

Employer address:		How long?
Phone:	E-mail:	Fax:

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

<b>RESIDENCY APPLICATION AND DEPOSIT FORM</b>			
City:	State:	ZIP Code:	
Position:	Gross Net <i>(Please circle)</i>	Monthly income:	
PERSONAL HISTORY			
Have you ever... Been asked to move out or been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No    Broken a rental agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Been sued for non-payment of rent? <input type="checkbox"/> Yes <input type="checkbox"/> No    Declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Been sued for damage to a rental unit? <input type="checkbox"/> Yes <input type="checkbox"/> No    Been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
YOUR VEHICLE			
Make	Model	Year	
License Plate #	State	Color	
NAME OF ALL INDIVIDUALS LIVING IN UNIT			
Name	Age:	Name	Age:
Name	Age:	Name	Age:
I Hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be canceled by Landlord if any of the information provided in the application is materially inaccurate or incomplete. I understand that Landlord is not obligated to process any application that is not complete. I authorize you to verify the information supplied on this application through Tenant Data Services, Inc. (800)228-1837. Tenant Data will obtain information on one or more of the following: my personal rental history, credit history, check writing history and criminal background. All information obtained through Tenant Data is in compliance with the Federal Fair Credit Reporting Act, (Public Law 104-208) and further information is available by contacting Tenant Data at the above number. I understand that an application fee of \$25.00 will be charged.			
SIGNATURES			
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:		Date:	
Signature of applicant:		Date:	
Sky View Homes L.L.C.			
By,			
Agent of Sky View Homes L.L.C.		Date:	
For office use only Rental Rate: _____ Lease Term: _____  Security Deposit: _____  Date Application Returned: _____		Accepted _____  Not Accepted _____	