

APPLICATION FOR RESIDENCY

PERSONAL DATA

APPLICANT'S NAME _____ Date of Birth _____ Home Phone: _____

Soc. Sec. # _____ Driver's Lic. # _____

CO-APPLICANT'S NAME _____ DOB: _____ Soc. Sec. # _____ Dr. Lic. # _____

PRESENT ADDRESS _____

From _____ To _____ Reason for Leaving: _____

Rent Paid to: _____ Phone: _____

PREVIOUS ADDRESS _____

From _____ To _____ Reason for Leaving: _____

Rent Paid to: _____ Phone: _____

ALL OTHER PERSONS TO OCCUPY PREMISES:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Have you been convicted of a crime in the past 7 years? Yes No If yes, please explain _____

(Resident may be denied based on current guidelines)

ALL VEHICLES TO BE PARKED ON PREMISES:

Make/Model: _____ Color: _____ Year: _____ Lic #/State: _____

Make/Model: _____ Color: _____ Year: _____ Lic #/State: _____

EMERGENCY CONTACT: _____ Phone: _____

Address _____ Relationship: _____

In the event of serious injury or death, the above named person may may not enter, remove, and/or store all contents found in the dwelling, storerooms, common areas, and mailboxes.

EMPLOYMENT DATA

APPLICANTS PRESENT EMPLOYER _____ Phone: _____

Address: _____ How Long? _____

Position: _____ Supervisor: _____ Mo. Income: _____

CO-APPLICANTS PRESENT EMPLOYER _____ Phone: _____

Address: _____ How Long? _____

Position: _____ Supervisor: _____ Mo. Income: _____

FINANCIAL DATA

CHECKING ACCOUNT: _____ Bank _____ Branch Address _____

SAVINGS ACCOUNT: _____ Bank _____ Branch Address _____

AUTHORIZATION

I declare all the above information to be true under penalty of perjury. Applicant hereby gives NorthStar Management & Consulting, Inc. and its authorized agents permission to utilize any and all of the above information to approve or disapprove this application. Any misstatement of fact may be grounds for terminating any agreement between applicant and landlord.

APPLICANT: _____ DATE _____

CO-APPLICANT: _____ DATE _____

ACCEPTED BY: _____ DATE _____

Approved Disapproved NorthStar Management Authorized Agent Manager: _____ Date: _____

FOR OFFICE USE ONLY

APT. # _____ COMMUNITY _____ SPECIAL: _____

Monthly Rent: \$ _____ Move-In Date: _____

Furniture Rent: \$ _____ Lease Term: _____

_____ \$ _____ to _____

TOTAL MO RENT: \$ _____

AMOUNT DUE UPON MOVE-IN:

Pro-rate Rent: \$ _____ (From _____ to _____)

Rent* \$ _____ (From _____ to _____)

Security Deposit \$ _____

TOTAL DUE \$ _____

*Second month rent \$ _____ (From _____ to _____)



NORTHSTAR
MANAGEMENT & CONSULTING, INC.