

YORKTOWN PROPERTIES, L.L.P. d/b/a YORKTOWN COMMONS APARTMENTS

1625 Hargrove Rd. E ~ Tuscaloosa, AL 35405

(205) 507.4656 ~ FAX (205) 507.4647

Web: www.yorktowncommons.com ~ Email: yorktowncommons@comcast.net

APPLICATION FOR RESIDENCY

Earnest Money \$450.00 (per roommate) Application fee \$50.00 (per roommate) must be separate checks

APPLICANT: _____ DATE OF BIRTH: _____
LAST FIRST MIDDLE MM/DD/YY

DRIVER'S LICENSE NO. _____ STATE _____ SS# _____

CO- APPLICANT: _____ DATE OF BIRTH: _____
FIRST MIDDLE MAIDEN MM/DD/YY

DRIVER'S LICENSE NO. _____ STATE _____ SS# _____

OTHER PERSONS WHO WILL OCCUPY UNIT:

Name	Age	Relationship	Name	Age	Relationship
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RESIDENT'S HISTORY:

PRESENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

LANDLORD _____ ADDRESS _____

LANDLORD PH. NO () _____ LANDLORD FAX NO () _____

HOW LONG? _____ MONTHLY PAYMENT _____ REASON FOR MOVING _____

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

LANDLORD _____ ADDRESS _____

LANDLORD PH. NO () _____ LANDLORD FAX NO () _____

HOW LONG? _____ MONTHLY PAYMENT _____ REASON FOR MOVING _____

HAVE YOU EVER BEEN DENIED A LEASED PREMISE OR EVICTED FROM A LEASED PREMISE? _____

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY, OR A MISDEMEANOR INVOLVING SEXUAL MISCONDUCT (Whether or not resulting in a conviction)? _____

IF YES, EXPLAIN _____

EMPLOYMENT INFORMATION:

PRESENT EMPLOYER: _____ POSITION: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: () _____ SUPERVISOR: _____

LENGTH OF EMPLOYMENT: _____ GROSS MONTHLY SALARY: _____

CO- APPLICANT'S EMPLOYER: _____ POSITION: _____

ADDRESS: _____

STREET ADDRESS CITY STATE ZIP CODE
PHONE NUMBER: () SUPERVISOR:
LENGTH OF EMPLOYMENT: GROSS MONTHLY SALARY:
OTHER INCOME: SOURCE: AMOUNT:
YORKTOWN COMMONS APARTMENTS APPLICATION FOR RESIDENCY

VEHICLE INFORMATION: (LIST ALL VEHICLES TO BE PARKED ON PREMISES)

ONE VEHICLE LIMIT UNLESS APPROVED BY MANAGER

COMMERCIAL TRUCKS/VANS AND ALTERED VEHICLES ARE NOT ALLOWED

YEAR & MAKE: COLOR: LICENSE PLATE NO. & STATE:

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PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME: RELATIONSHIP:

ADDRESS: STREET ADDRESS CITY STATE ZIP CODE

DAY PHONE # () NIGHT PHONE # ()

CELL PHONE # () OTHER PHONE # ()

ARE YOU SUBJECT TO TRANSFER? YES () NO () DO YOU HAVE A WATERBED? YES () NO ()

DO YOU HAVE A PET? YES () NO () SIZE LBS. SPECIES

APPLICANT HAS DEPOSITED HERewith THE SUM OF \$ THE RECEIPT OF WHICH IS HEREBY
ACKNOWLEDGED. THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT IT IS SUBJECT TO ACCEPTANCE BY THE
LANDLORD. THE APPLICANT AGREES THAT HE SHALL NOT HAVE ANY RIGHT TO OCCUPY ANY OF THE PREMISES OF THE
LANDLORD UNTIL THE EXECUTION BY THE APPLICANT AND BY THE LANDLORD OF A WRITTEN LEASE OF A PARTICULAR
APARTMENT. THE APPLICANT AGREES THAT THE AFOREMENTIONED EARNEST MONEY IS NOT A RENTAL PAYMENT AND
WILL NOT BE APPLIED TOWARD ANY RENTAL PAYMENT. THE APPLICANT FURTHER AGREES THAT IN THE EVENT THE
APPLICATION IS APPROVED (THE APPROVAL AND THE TIME THEREOF BEING IN THE SOLE DISCRETION OF THE
LANDLORD) AND THE APPLICANT FAILS OR REFUSES TO ENTER INTO THE CONTEMPLATED LEASE WITHIN SEVEN DAYS
OF THE APPROVAL OF THIS APPLICATION, THE LANDLORD SHALL RETAIN SAID DEPOSIT AS LIQUIDATED DAMAGES
COVERING THE COSTS OF TAKING AND PROCESSING OF THIS APPLICATION. IN THE EVENT THIS APPLICATION IS NOT
APPROVED OR THE LEASE IS NOT EXECUTED FOR ANY REASON FOR WHICH THE LANDLORD IS RESPONSIBLE, SAID
DEPOSIT WILL BE RETURNED TO THE APPLICANT. UPON EXECUTION OF THE CONTEMPLATED RENTAL AGREEMENT BY
THE APPLICANT AND THE LANDLORD, SAID DEPOSIT SHALL BE APPLIED TOWARDS THE DEPOSIT REQUIRED IN SAID
RENTAL AGREEMENT.

The above information is correct to the best of my knowledge and I understand that any false information will disqualify this application
and I will forfeit all earnest money. It is understood that the above information will be held strictly confidential. I authorize Management to
verify the information provided in this application by making the following inquiries: 1) Verification of wages and salary information. 2)
Verification of previous places of residence, including payment history and any other pertinent information. 3) A current credit inquiry
through the Credit Bureau and/or other references listed on the application. I understand that if the information received from the above
listed inquiries does not fall within the guidelines of the Rental Procedures and Rental Criteria as established by the Management, that
my application may be denied.

APPLICANT(S) SIGNATURE(S) **DATE**

CONTACT NUMBER: () **Email:**

THIS APPLICATION HAS BEEN REVIEWED, AND **IS (IS NOT)** APPROVED.

MANAGER'S SIGNATURE DATE DOC. REV 1/30/12



"We are an equal housing opportunity provider. We provide rental housing without discrimination on the basis of race, color,
religion, sex, physical or mental handicap, familial status, national origin, or other protected classes."