

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

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."