TENANT APPLICATION

for TURTLE CREEK APARTMENTS

a 62 & Older Community

	-	□ Downstairs						
DATE:	Occupa	incy Date:	y Date: Rent Amount:					
NAME:			HOME PHONE:					
WORK PHONE:			CELL PHONE:					
MARITAL STATUS		☐ Married		□ Div	orced			
PRESENT ADDRE	ESS:							
How Long at this address: Rent \$								
Owner/Manager: Pho								
Do you currently have bed bugs in your place of residence? YES NO								
Have you had bed bugs in your place of residence in the last six months? YES NO								
Are you living in subsidized housing? YES NO Rent you pay: \$								
What utilities do you pay? ☐ GAS ☐ ELECTRIC ☐ WATER/SEWER ☐ TRASH								
List all persons who will live in this unit:								
						,	HANDICAPPED /	
FULL NAME (MI)		RELATIONSHIP		SEX	AGE	DOB	DISABLED	
1.								
City and State of Birth: Employer:								
How Long? Gross Earnings/ HR Avg # HRS per WK Phone:							one:	
Social Security # Driver's License # Expires								
*Other source of In	ncome		Ar	nount		Pe	r	
		1					HANDICAPPED /	
FULL NAME (MI)		RELATIONSHIP		SEX	AGE	DOB	DISABLED	
2.								
City and State of Birth: Employer:								
How Long? Gross Farnings / HR Avg # HRS per WK Phone:							one:	
Social Security # Driver's License #_			Expires					
Social Security # Driver's License # Expires* *Other source of Income Amount Per								
• * EXAMPLES: Employment, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants.								
Have you ever: (CHECK ALL THAT APPLY)								
FILED BANKRUPTCY □YES □ NO BEEN EVICTED □YES □ NO								
FILED BANKRUPTCY □YES □ NO BEEN EVICTED □YES □ NO								
BEEN CONVICTED OF A FELONY ☐YES ☐ NO								
NAME OF	BANK	TYPE OF ACC	COL	JNT		ACOUNT	NUMBER	
1.			`					
2.		•						
Personal References. Please list three non-relatives whom you have known for at least one (1) year. NAME ADDRESS PHONE								
1.	-	ADDICE	-				3112	
2.								
3.								
All statements on this application are true, and I understand any misrepresentation and/or omission of facts will be cause for termination of my lease.								
APARTMENT PR	•			•				
□ NON SMOKING □ SMOKING SIGNATURE								
TREATED FOR BEDBUGS EVER SIGNATURE								