

SPRING HILL VILLAGE INC RENTAL APPLICATION

Name _____ Social Sec. No: _____ Date of Birth _____
 Drivers License No. _____ Home Phone _____ Cell Phone _____
 E-mail Address: _____

Which Complex are you interested in: Spring Hill Village _____ Spring Hill Village Too _____
 Are you requesting a particular unit number or apartment size: yes _____ no _____
 If yes, please indicate: Unit number _____ and/or apartment size _____

Present Address _____ City _____ State _____ Zip _____
 Do you currently Rent _____ or Own _____ your home? How long at This Address _____

Monthly Rent or Mort. Pmt. _____ Owner/Landlord or Mortgage Holder Name _____ Reason for Moving or Selling _____
 Phone _____ Phone _____

(if you resided at current address less than two years please list previous address)
 Previous Address _____ City _____ State _____ How long at This Address _____

Monthly Pmt. _____ Owner/Landlord or Mortgage Holder Name _____ Reason for Moving _____
 Phone _____ Phone _____

Present Occupation _____ Employer _____ Phone _____
 How Long _____ Contact _____ Phone/Ext. _____

(if you have been employed less than one year please list previous occupation)
 Previous Occupation _____ Employer _____ Phone _____
 How Long _____ Contact _____ Phone/Ext. _____

Name and relationship of every person who will live with you, even if only part-time (include ages of minors):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you maintain a bank account? Yes _____ No _____ If Yes:
 Name of Bank _____ Branch Address _____

Have You:
 Ever filed bankruptcy? _____ Been evicted? _____ Convicted of a felony? _____

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Are you or any member of your household a smoker? Yes (____) No (____)

NOTE: If yes, please acknowledge by initialing here (_____) that you are aware that smoking is strictly prohibited inside an apartment as well as anywhere within the complex. Violation of this policy may be grounds for lease termination, forfeiture of your security deposit and possible additional fees for smoke damage.

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Vehicles:

Make _____ Model _____ Year _____ Tag No _____
Make _____ Model _____ Year _____ Tag No _____
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Please provide one personal reference (preferably local, other than family):

Name: _____ Address: _____

Phone _____ How Long Have You Known Them _____

Person to contact in case of emergency (someone who would not be residing with you)?

Name: _____ Address: _____

Phone _____ Relationship to You _____

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I declare that the above statements are true and correct. I authorize verification of any and all information including release of information by my employer, (present and former) and landlord (present and former) and by any financial institution. I further authorize Spring Hill Village, Inc. to obtain a credit report and conduct a criminal background check. I acknowledge that providing false information may constitute grounds for rejection of this application, termination of the right to occupancy and/or forfeiture of deposits, and may constitute a criminal offense under State Law.

Date _____ Signed _____

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(Area below is for office use only)

Verified:SSN _____ DL/ID _____ Tenancy _____ Emp. _____ Credit History _____ Crim. _____

NOTES: