

THE APARTMENTS AT HIGHLANDS CROSSING
LEASE APPLICATION

Applicant's Name: _____ Date: _____
Present Address: _____ SSN: _____
City/State/Zip: _____ Date of Birth: _____
Phone Number: _____ Email address: _____

List residents who will be living in the apartment home including yourself:

First Name MI Last Name Social Security Date of Birth

1) _____

2) _____

Annual household income: _____

Apartment size needed: _____ 1 BR _____ 2 BR

Any special needs? _____

Number of Vehicles: _____

Make/Model _____ Year: _____ Tag #: _____

Make/Model _____ Year: _____ Tag #: _____

RENTAL/OWNERSHIP HISTORY

How long at current address: _____

Do you _____ Own? _____ Rent?

Current Landlord (if renting) _____

Landlord Phone #: _____

Have you ever been served an eviction notice or been asked to vacate a property you were renting? Yes/No

Have you ever refused to pay rent when due? Yes/No If yes, when? _____

REFERENCES

Financial: _____ Account #: _____

Financial: _____ Account #: _____

Personal: _____ Phone: _____

Personal: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Senior Living Concepts' (SLC) management will rely on the above information in consideration of the application and if untrue, the lease may be canceled at the option of SLC Management. Applicant hereby authorizes SLC to verify credit and rental history and further authorizes all individuals, entities, bank or credit bureaus to release all information regarding credit and employment history to verify the information provided herein.

Equal Housing Opportunity

Applicant's Signature: _____ Date: _____