RENTAL APPLICATION

TOWNHOMES AT Voodland's Edge

APPLICANT 1 APPLICANT 2

PERSONAL INFORMATION	ON		PERSONAL INFORMAT	ION	
Full Name:			Full Name:		
Phone Number:			Phone Number:		
Email:			Email:		
Date of Birth:			Date of Birth:		
Social Security			Social Security		
Number:			Number:		
Driver's License	Ş	State:	Driver's License Number:		State:
Number: RESIDENCE HISTORY			RESIDENCE HISTORY		
CURRENT ADDRESS:	RENT	OWN	CURRENT ADDRESS:	RENT	OWN
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Resided From:	To:		Resided From:	To:	
Landlord:			Landlord:		
Phone:	Rent: \$		Phone:	Rent: \$	3
PREVIOUS ADDRESS:	RENT	OWN	PREVIOUS ADDRESS:	REN ⁻	T OWN
Address:			Address:		
City:	State: Zip:		City:	State:	Zip:
Resided From:	To:		Resided From:	To:	
Landlord:			Landlord:		
Phone:	Rent: \$		Phone:	Rent: \$	3
EMPLOYMENT INFORMA	TION		EMPLOYMENT INFORM	IATION	
Employer:			Employer:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		
Supervisor:			Supervisor:		
Position:	Income: \$		Position:	Income: S	\$
Additional Income Source:		Amount:	Additional Income Source	e :	Amount:
VEHICLE INFORMATION		1 4	VEHICLE INFORMATION	N	
Make:	Model:		Make:	Model:	
Year:	ear: Color:		Year:	Color:	
License Plate: State:		License Plate:	State:		
OTHER RESIDENTS	RELATION	SHIP	PETS: NAME	BREED	AGE WEIGHT

PLEASE READ CAREFULLY BEFORE SIGNING

This form is only an application for residence and the submission of this application does not reserve, nor in any way, guarantee a residence prior to approval. The undersigned warrants and represents the information on this application to be true and correct. All persons or firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information.

You agree and understand your application fee of \$25 is non-refundable if you choose for any reason not to move into this community. Application fees are payable by check or money order. Please make payable to **Townhomes at Woodland's Edge**. If Management rejects your application for any reason, your application fee will be refunded in full.

You also agree that Management has the authority to notify Heritage Springs Water/Sewer Works Inc, National Grid and any other utility provider to assign designated utility meters/services in your name effect for the first day of your lease.

The undersigned application hereby authorizes Management to release any and all information contained in this application on behalf and for the benefit of the undersigned applicant.

Signed Applicant 1:	Signed Applicant 2:				
Date:	Date:				
FOR OFFICE USE ONLY					
UNIT TYPE:	LEASING AGENT:				
UNIT NUMBER:	MOVE IN DATE:				
RENTAL AMOUNT:	RESIDENT REFERAL				
SECURITY DEPOSIT:	FULL NAME:				
PET FEES:	UNIT:				
OTHER INFORMATION:					
THE ADDITION IS ADDOVED NOT ADDOVED					