

ATKINSON TOWERS, INC.

APARTMENT: # _____

DEPOSIT: \$ 100.00

APPLICATION FOR RESIDENCY

(Please Print Clearly)

[X] RENTER (Sub-Lessee)

DATE: _____

(If the apartment is to be rented, the name of person signing the lease is on Line 1.)

NAME	FIRST	MIDDLE	LAST	PRESENT PHONE	E-Mail Address
(1)					

PRESENT ADDRESS	Street	Apt.#	CITY	STATE	ZIP CODE

PRESENT (MOST RECENT LANDLORD/AGENT)	PHONE (Incl. Area)	HOW LONG?	REASON FOR LEAVING

EMPLOYMENT INFORMATION (If retired, list previous occupation or profession)

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	PHONE

POSITION HELD	HOW LONG EMPLOYED	SUPERVISOR

LIST OF PERSONS RESIDING WITH YOU

If/when changes occur, notify your Agent/Owner. Any additions must be interviewed & approved by Board

NAME	FIRST	MIDDLE	LAST	PRESENT PHONE	E-Mail Address
(2)					

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	BUS. PHONE

NAME	FIRST	MIDDLE	LAST	PRESENT PHONE	E-Mail Address
(3)					

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	BUS. PHONE

REFERENCES: (Local Preferred)

NAME	ADDRESS	CITY	STATE	OCCUPATION	PHONE

NAME	ADDRESS	CITY	STATE	OCCUPATION	PHONE

VEHICLE/CAR (MAKE)	YEAR	MODEL	COLOR	LICENSE	STATE	STALL NO.

EMERGENCY INFORMATION (Repeat name of occupant in same sequence as above.)

NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
(1)				

PERSONS TO NOTIFY: NAME	COMPLETE ADDRESS	PHONE: HOME	BUSINESS

NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
(2)				

PERSONS TO NOTIFY: NAME	COMPLETE ADDRESS	PHONE: HOME	BUSINESS

NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
(3)				

PERSONS TO NOTIFY: NAME	COMPLETE ADDRESS	PHONE: HOME	BUSINESS

INCOME

Current Income \$ _____ Weekly/Monthly/Yearly Source _____

Current Income \$ _____ Weekly/Monthly/Yearly Source _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s)	CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT

_____ \$ _____ [] Yes [] No

_____ \$ _____ [] Yes [] No

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I/we understand that occupancy is limited to those whose names are listed here/or on supplemental applications. The Atkinson Towers, Inc. Board of Directors must approve all applicants prior to occupancy. Short-term guests must be registered with the resident manager prior to occupancy.

The undersigned applicant agrees to notify the Maintenance Manager and request an assignment of an elevator to move in or out of the building at least 48 hours prior to move. Arrangements will be made for parking movers at that time. Note: There is a charge of \$35 per move-in and move-out.

The undersigned applicants are aware that there is **NO** guest parking available and any violators will have their cars/vehicles towed away at the owner's expense without notice. Manager assigns use of any parking area during office hours for service people.

In case of illness or injury and an ambulance is needed, the Association (Atkinson Towers, Inc.) or a representative will not be held responsible for payment of this service.

The undersigned and all occupants are aware that there is a \$100.00 charge for any lost security Fob, which must be reported immediately to Manager.

Security is every resident or guest's responsibility. Allow no one access to the lobby, elevator, pool deck, or any floor unless the person is a known current resident or person showing their security Fob. Always be sure all exist doors are securely shut.

The undersigned has read and understands the House rules and agrees to abide by them. It is also acknowledged that any breach of these House Rules is grounds for immediate termination of all tenancy rights regardless of any written or verbal lease or rental agreement.

The undersigned completes this application with the knowledge that the apartment owner/agent and the Board of Directors of Atkinson Towers, Inc. will rely on the accuracy hereof in acting on this application. If, upon investigation, anything of substance contained on this form is found to be untrue, it is understood that resident and residents, solely and jointly, will be subject to termination of all tenancy rights. This application is subject to approval and acceptance by the Board of Directors.

The undersigned Applicant(s) authorizes the owner, agent, and/or the Board of Directors to contact past and present landlords, employers, creditors, credit bureau, neighbours, and any other sources deemed necessary to investigate applicant(s).

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

THIS SECTION TO BE COMPLETED BY INTERVIEWER

Credit Report: (Favorable/Unfavorable) By: _____
Landlords Contacted: _____ References Contacted: _____ Employment Verified: _____
Other Comments: _____
Initial Deposit: _____ Security Deposit: _____ Monthly Rent _____
Unit Applied For: _____ Terms of Lease _____ Move-in-Date: _____ Lease Expires: _____

ATKINSON TOWERS INC.

<u>BOARD OF DIRECTORS</u>	<u>APPROVAL</u>	<u>DISAPPROVAL</u>	<u>APPLICANT(S) SIGNATURE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	Date: _____

DATE: _____