P.B. BELL ASSET MANAGEMENT, INC.
APPLICATION FOR APARTMENT RESIDENCY

(All adults 18 years and older must complete a separate Application [except spouse])

Community: The Residences on High Street

1. Date: _____ 2. Desired Date of Occupancy: _____

3. Name: _____

Married: _____ Single: _____ Date of Birth: _____ Present Zip Code: _____

Social Security Number: _____ Email Address: _____

4. Spouse's Name: _____ Date of Birth: _____

Social Security Number: _____ Email Address: _____

5. List of People Who Will Occupy Apartment:

NAME	RELATIONSHIP	DATE OF BIRTH

6. Will a pet of any type live in your apartment? Yes _____ No _____ If yes, Pet's Name: _____

Description: _____

Type/Breed: _____ Weight/Height: _____
(Some breeds may be restricted)

7. RESIDENCE INFORMATION:

A. Present Address: _____ Apt. No.:_____

City: _____ State: ____ Zip: _____ Phone Number: _____

Rent/Mortgage Amount: _____ How Long: _____ yrs. _____mos.

Name of Apartment Community/Mortgage Company or Landlord: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Fax Number: _____

Reason for Leaving: _____

B. Previous Address: _____ Apt. No.:_____

City: _____ State: ____ Zip: _____ Phone Number: _____

Rent/Mortgage Amount: _____ How Long: _____ yrs. _____mos.

Name of Apartment Community/Mortgage Company or Landlord: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Fax Number: _____

Reason for Leaving: _____

8. Person to notify and whom you authorize to take possession of your personal property in case of an emergency or if you become incapacitated, incarcerated or pass away:

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

9. Have you or your spouse ever been evicted or are currently under eviction proceedings? Yes _____ No _____

If yes, please explain: _____

10. Have you or your spouse ever declared bankruptcy? Yes _____ No _____ If yes, dismissal/discharge date: _____

Comments: _____

11. Are you or your spouse currently engaged in any criminal activity? Yes _____ No _____

If yes, please explain: _____

12. Have you or your spouse ever been convicted of a crime involving persons or property? Yes _____ No _____

If yes, please explain: _____

13. Do you or your spouse have any outstanding warrants for arrest? Yes _____ No _____

14. Do you or your spouse use illegal drugs? Yes _____ No _____

15. EMPLOYMENT AND FINANCIAL INFORMATION:

A. Current Employer: _____ Phone Number _____ ext. _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Gross Monthly Income: _____ Supervisor: _____

Telephone number of Supervisor: _____ ext. _____ Fax Number: _____

B. Previous Employer: _____ Phone Number _____ ext. _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Gross Monthly Income: _____ Supervisor: _____

Telephone number of Supervisor: _____ ext. _____ Fax Number: _____

C. Spouse's Employer: _____ Phone Number _____ ext. _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Gross Monthly Income: _____ Supervisor: _____

Telephone number of Supervisor: _____ ext. _____ Fax Number: _____

16. Other Source of Income for Rental Payments: _____ Amount: _____

17. Your Driver's License No.: _____ State: _____ Expiration: _____

Spouse's Driver's License No.: _____ State: _____ Expiration: _____

Vehicles you would like to park on property:

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE NUMBER	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant acknowledges that all of the above statements are true and complete, and hereby authorizes verification of above information, references, credit and criminal records. Applicant recognizes that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that discovery of false or misleading information after move-in could result in immediate eviction.

Applicant understands that if the Application is NOT approved, all deposits, EXCLUDING any non-refundable/application fees, will be refunded within fourteen (14) business days. Applicant also understands that if applicant WITHDRAWS Application after a forty-eight (48) hour period, a cancellation fee will be deducted from the holding deposit.

Be advised that Management and Management's Employees are Agents of and represent the Owner.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Have you seen our advertising?

Apt. Guide_____ Apts.com_____ For Rent_____ Other_____

Drive By_____ Resident Referral_____ P.B. Bell Referral _____

Internet_____ (please specify)_____