



**MAYO 420, LLC
APPLICATION FOR RESIDENCY**

PLEASE USE BLACK INK AND PRINT

Apartment #:	Rent:	Move in Date:
Special Provisions:		

Applicant #1 information:						
	Last Name	First	MI	Driv Lic & State		
	Home Phone	eMail Address 1		Birthdate		
	Cell Phone	eMail Address 2		Social Security #		

Applicant #2 and/or Spouse Information:						
	Last Name	First	MI	Driv Lic & State		
	Home Phone	eMail Address 1		Birthdate		
	Cell Phone	eMail Address 2		Social Security #		

Resident History: Present:						
	Street Address	Apt #	City	State	Zip Code	
	Landlord/Apartment Name <small>(If Mortgage, list mrtg company & account number)</small>			Landlord/Apartment Office Phone # <small>(If Mortgage, list mrtg company phone number)</small>		
	Names on Lease			Dates of Residency		

Previous:						
	Street Address	Apt #	City	State	Zip Code	
	Landlord/Apartment Name <small>(If Mortgage, list mrtg company & account number)</small>			Landlord/Apartment Office Phone # <small>(If Mortgage, list mrtg company phone number)</small>		
	Names on Lease			Dates of Residency		

Names of Persons to Occupy Apartment:						
	# to occupy Apt:	# of Pets:	Size/Type of Pet:			
	Last Name	First	MI	S.S.#	Relationship	Birthdate
	Last Name	First	MI	S.S.#	Relationship	Birthdate
	Last Name	First	MI	S.S.#	Relationship	Birthdate

Employment:						
	Company Name	Supervisors Name	Phone # of Personnel Dept			
	Address	City/State/Zip		Gross Income		
	Position	Dates of Employment				

Applicant #2 and/or Spouse Employment:			
	Company Name	Supervisors Name	Phone # of Personnel Dept
	Address	City/State/Zip	Gross Income
	Position	Dates of Employment	
Vehicle Information:			
	Car/Truck License #	Year:	Make/Model:
	Car/Truck License #	Year:	Make/Model:
	No. of vehicles to be parked on Property:		
	Do you own any recreational vehicles, motorcycles, etc, if so specify:		
Representations:			
	Have you, your spouse or any occupant listed above ever:		
	Been evicted or asked to move out?	<input type="checkbox"/>	Broken a rental agreement or lease contract? <input type="checkbox"/>
	Been sued for non payment of rent?	<input type="checkbox"/>	Been sued for damage to rental property? <input type="checkbox"/>
	Committed or been convicted of a felony?	<input type="checkbox"/>	Received deferred adjudication for a felony? <input type="checkbox"/>
	Please explain (state, year, location and type of each felony): _____		
	Are you required to register with any government (federal, state or local) as a sex offender?		
	You represent the answer "NO" to any blank not checked.		
Emergency Contact:			
	Name:	Home/Business Phone:	
	Address:	City/State/Zip:	
Renter's Insurance:			
	If YES, Please list Carrier Name	Agent Name:	Phone#:
	If NO, read and sign below:		
	I understand that the property's insurance coverage and insurance does not and cannot protect any personal belongings against burglary, vandalism, fire, smoke and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renter's insurance. IF NO INSURANCE, OWNER AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE.		
	Signed by Applicant: _____		
Application Fee:			
	Applicant understands that there is a non-refundable credit/check processing fee of \$_____.		
Security Deposit:			
	Applicant understands that the security deposit of \$_____ for Apartment #_____ is refundable if:		
	1) this application is rejected by the management.		
	2) if applicant notifies management of cancellation within 48 hours of applying or		
	3) if all the terms and conditions of lease agreement are fulfilled.		
	Applicant understands that if they fail or refuse to occupy said apartment, that the lessor and owner shall be entitled to damages of \$_____ as administrative costs.		
Verification Authorization:			
	Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by any bank or savings and loan, employer (present or former) and any lender, all such information hereon, and released as authorized above, will be kept confidential.		
Application:			
	APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.		
	Information, mis-statements, or representation on this application will constitute a default under the Lease or Rental Agreement between the parties. Applicant understands that an independent reporting agency is responsible for the verification of the above contained information and will be acquiring a consumer report from one or more of the following credit bureaus: Equifax, Experian or Trans Union.		
	Applicant acknowledges receipt of community criteria which determines application acceptance.		
Signatures:			
	Signature of Applicant	Date	
	Signature of Spouse and/or Applicant #2	Date	