

PLV Address:
Seller:
Selling Price:_\$
Referral:
Prospectus:
Clubhouse/Pool Key:
Pool Passes:
Rent:

RESIDENCY APPLICATION

Please Print. Incomplete applications will not be processed. Please fill in all blanks.

RESIDENT #1:		
Last Name:	First:	Middle:
Address:	City:	State: Zip:
Telephone Number: Cell ()	Wo	rk: ()
E-mail Address:	Hor	me Number:
Date of Birth:	Social Security #:	Marital Status:
Drivers License or I.D. #		State Issued:
Present Landlord:	Telephor	ne#
Employer:	Address:	
Employer's #:	Your Position:	How Long ?
Annual Net Income:	(3 months income v	rerification is required)
Income source:		
Have you ever been arrested for a fe	elony? Have you ever been	convicted of a felony?
SUBMIT A COPY OF ONE OF THE F	OLLOWING: D ID Card	Drivers License
Character References:		
Name:	Address:	Phone #
Name:	Address:	Phone #
Name:	Address:	Phone #
Name:	Address:	Phone #
RESIDENT #2: Last Name:	First:	Middle:
RESIDENT #2: Last Name: Address:	First: City:	Middle: State: Zip:
RESIDENT #2: Last Name: Address:	First: City: Wo	Middle: State: Zip: rk: ()
RESIDENT #2: Last Name: Address: Telephone Number: Cell ()	First: City: Wo Hor	Middle: State: Zip: rk: ()
RESIDENT #2: Last Name: Address: Telephone Number: Cell () E-mail Address: Date of Birth:	First: City: Wo Hor	Middle: State: Zip: rk: () me Number: Marital Status:
RESIDENT #2: Last Name: Address: Telephone Number: Cell () E-mail Address: Date of Birth: Drivers License or I.D. #	First: City: Wo Hor Social Security #:	Middle: State: Zip: rk: () me Number: Marital Status:
RESIDENT #2: Last Name: Address: Telephone Number: Cell () E-mail Address: Date of Birth: Drivers License or I.D. # Present Landlord:	First:	Middle: State: Zip: rk: () me Number: Marital Status: State Issued:
RESIDENT #2: Last Name: Address: Telephone Number: Cell () E-mail Address: Date of Birth: Drivers License or I.D. # Present Landlord: Employer:	First:	Middle: State: Zip: rk: () me Number: Marital Status: State Issued:
RESIDENT #2: Last Name: Address: Telephone Number: Cell () E-mail Address: Date of Birth: Drivers License or I.D. # Present Landlord: Employer: Employer's #:	First:	Middle: State: Zip: rk: () me Number: Marital Status: State Issued: ne # How Long ?
RESIDENT #2: Last Name: Address: Telephone Number: Cell () E-mail Address: Date of Birth: Drivers License or I.D. # Present Landlord: Employer: Employer's #:	First:	Middle: State: Zip: rk: () me Number: Marital Status: State Issued: ne # How Long ?
RESIDENT #2: Last Name:	First:	Middle: State: Zip: rk: () me Number: Marital Status: State Issued: ne # How Long ? rerification is required)
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RESIDENT #2: Last Name:	First:	Middle: State: Zip: rk: () Marital Status: Marital Status: Marital Status: How Long ? rerification is required)

Name		Address		Telepho ———	ne Number
AUTOMOBIL	E INFORMATION (MAX 2 vehicles per hor	ne):		
∕ear·	Make [.]	Model:	Color:	Plate #·	
		Model:			
ET INFORMA	ATION (MAX 2 pets	per home): *Dogs mu	st be brought into of	fice to verify we	eight
ype of Pet:	Name:	Breed:		Weight:	Age:
ype of Pet:	Name:	Breed:		Weight:	Age:
ET REFEREN	CE: Name of Veterina	rian:	Phon	e Number:	
N CASE OF	EMERGENCY:				
ast Name:		Fi	rst Name:		
ddress:		Ci	ty:	St	ate:
ip:	Telephone #:		Relationship to A	pplicant:	
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