

Union Meadows Apartments

Application for Residency

PLEASE PRINT

NAME _____ DOB _____ S.S. # _____

NAME _____ DOB _____ S.S.# _____

PRESENT ADDRESS _____ LENGTH OF TIME _____

CITY AND STATE _____ ZIP CODE _____

LANDLORD _____ PHONE # _____

CITY AND STATE _____ ZIP CODE _____

REASON FOR LEAVING _____ CURRENT RENT ? _____

LENGTH OF RESIDENCE IN SALT LAKE _____

HOW DID YOU HEAR ABOUT OUR COMMUNITIY? _____

PRESENT EMPLOYER _____ LENGTH OF TIME _____

ADDRESS _____ ZIP _____ POSITION _____

SUPERVISOR _____ PHONE# _____ MONTHLY GROSS _____

PREVIOUS EMPLOYER (if present is less than one year) _____

LENGTH OF TIME _____ ADDRESS _____

SUPERVISOR _____ PHONE# _____ MONTHLY GROSS _____

EMPLOYER CO-APPLICANT _____ LENGTH OF TIME _____

ADDRESS _____ POSITION _____

SUPERVISOR _____ PHONE# _____ MONTHLY GROSS _____

OTHER SOURCES OF INCOME _____ AMOUNT _____

PERSONS OTHER THAN ABOVE TO OCCUPY APARTMENT

NAME _____ AGE _____

NAME _____ AGE _____

WHERE DO YOU BANK? _____

DO YOU OR ANY ONE LIVING IN YOUR HOUSEHOLD SMOKE? _____

AUTOMOBILES

MAKE _____ MODEL _____ YEAR _____ LICENSE PLATE _____

MAKE _____ MODEL _____ YEAR _____ LICENSE PLATE _____

EMAIL ADDRESS _____ CO-APP _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

ARE YOU RESIDING IN THIS COUNTRY ILLEGALLY? _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ DATE _____ STATE _____

IN CASE OF EMERGENCY CONTACT: NAME / RELATIONSHIP _____

ADDRESS _____ PHONE# _____

A deposit in the amount of \$ _____ is paid to hold apartment # _____ for a move-in on _____. This deposit is refundable within 3 days and will be applied in full to the account of the security deposit. If this deposit is taken back within the three days a fee of \$50.00 is charged to off set lost rent, advertising and administration fees. If this application is approved and I fail to sign the lease on said apartment, the deposit will be forfeited in it's entirety to cover any expenses incurred by Union Meadows. A non-refundable application fee of \$25.00 will be charged per application for credit and criminal report, landlord and employment verification. I hereby give Union Meadows Apartments permission to verify the information on this application and to the best of my knowledge it is true and complete. If the information is not true it can be grounds for denial or eviction.

Signature _____ DL#'s _____

Signature _____ DL#'s _____

Phone# _____ DATE _____