

APPLICATION FOR RESIDENCY

PERSONAL DATA

NAME: _____ Date of Birth _____ Home Phone: _____
Soc. Sec. # _____ Driver's Lic. # _____ Married Single

SPOUSE: _____ DOB: _____ Soc. Sec. # _____ Dr. Lic. # _____

PRESENT ADDRESS

From _____ To _____ Reason for Leaving: _____
Street Name of Apts Apt # City/State Zip
Rent Paid to: _____ Phone: _____

PREVIOUS ADDRESS

From _____ To _____ Reason for Leaving: _____
Street Name of Apts Apt # City/State Zip
Rent Paid to: _____ Phone: _____

ALL OTHER PERSONS TO OCCUPY PREMISES:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Have you been convicted of a crime in the past 7 years? Yes No If yes, please explain _____

(Resident may be denied based on the crime for which they were convicted.)

ALL VEHICLES TO BE PARKED ON PREMISES:

Make/Model: _____ Color _____ Year _____ Lic #/State: _____
Make/Model: _____ Color _____ Year _____ Lic #/State: _____

EMERGENCY CONTACT:

Address _____ Relationship: _____
Street City/State Zip

In the event of serious injury or death, the above named person may may not enter, remove, and/or store all contents found in the dwelling, storerooms, common areas, and mailboxes.

EMPLOYMENT DATA

PRESENT EMPLOYER: _____ Phone: _____
Address: _____ How Long? _____
Street City/State Zip
Position: _____ Supervisor: _____ Mo. Income: _____

SPOUSE'S EMPLOYER

Address: _____ How Long? _____
Street City/State Zip
Position: _____ Supervisor: _____ Mo. Income: _____

FINANCIAL DATA

CHECKING ACCOUNT: _____
Bank Branch Address Account #

SAVINGS ACCOUNT: _____
Bank Branch Address Account #

AUTHORIZATION

I declare all the above information to be true under penalty of perjury. Applicant hereby gives NorthStar Management & Consulting, Inc. and its authorized agents permission to utilize any and all of the above information to approve or disapprove this application. Any misstatement of fact may be grounds for terminating any agreement between applicant and landlord.

APPLICANT: _____ DATE _____

APPLICANT: _____ DATE _____

ACCEPTED BY: _____ DATE _____
NorthStar Management Authorized Agent

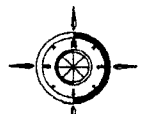
Approved Disapproved Manager: _____ Date: _____

FOR OFFICE USE ONLY

APT. # _____ COMMUNITY _____
Monthly Rent: \$ _____ Move-In Date: _____
Furniture Rent: \$ _____ Lease Term: _____
_____ \$ _____ to _____
TOTAL MO RENT: \$ _____

AMOUNT DUE UPON MOVE-IN:

Pro-rate Rent: \$ _____ (From _____ to _____)
Rent* \$ _____ (From _____ to _____)
Security Deposit \$ _____
TOTAL DUE \$ _____
*Second month rent \$ _____ (From _____ to _____)



NORTHSTAR
MANAGEMENT & CONSULTING, INC.