

HOPSON FLATS
STUDENT APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE
Page 1 (of 2)

Applicant (Student) Information: PLEASE NOTE CREDIT REPORTS, BACKGROUND CHECKS AND PROOF OF SCHOOL ENROLLMENT ARE REQUIRED.

Name:		Date of Birth:	Social Security Number:	
Your Home Telephone Number: ()		Bus. Telephone Number: ()		Ext:
Your Email Address:				
University/College/School Attending:				
Current Address:				Since: _____
Street Number/Name		Apt Number	City/State/Zip	
Community Name / Landlord:			Phone Number:	
Previous Address:				
Street Number/Name		Apt Number	City/State/Zip	
Community Name / Landlord:			Phone Number:	
Present Employer:		Telephone Number: ()		Ext:
Address:		Supervisor:		
Position:		Employed Since:	Monthly Income:	
Previous Employer:		Telephone Number: ()		Ext:
Address:		Supervisor:		
Position:		Years Employed		
		Responsibilities:		
Total Assets:		Other Sources of Income (financial aid, student loans, etc.):		
Nearest Relative:		()		
(Not living with you)	Name	Street Number/Name	City/State/Zip	Telephone Number
Personal Reference:		()		
	Name	Street Number/Name	City/State/Zip	Telephone Number
Personal Reference:		()		
	Name	Street Number/Name	City/State/Zip	Telephone Number
Emergency Contact:		()		
	Name	Street Number/Name	City/State/Zip	Telephone Number
Vehicle Information				
	Make	Model	Year	Color
				Plate Number

All Persons and/or firms named and any court or credit information service may freely give any requested information about me/us and I/we hereby waive all right of action for any consequences resulting from such information. I/we further certify that I/we have read and agree to all entries made on this Application form and do also agree to all the provisions printed on the face of this document. I/we also certify that I/we have retained a copy of this Application. The approval of Application is based on the criteria/rental policies of Landlord.

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Co-Signer Information: PLEASE NOTE CREDIT REPORTS ARE REQUIRED.			
Name: _____		Date of Birth: _____	Social Security Number: _____
Your Home Telephone Number: () _____		Business Telephone Number: () _____	Ext: _____
Your Email Address: _____			
Current Address: _____		Rent: _____	Own: _____
Street Number/Name	Apt Number	City/State/Zip	Since: _____
Apartment Community/Mortgage Company: _____		Address: _____	
Street Number/Name	Apt Number	City/State/Zip	
Telephone Number: () _____		Monthly Payment: _____	
Present Employer: _____		Telephone Number: () _____	Ext: _____
Address: _____		Supervisor: _____	
Position: _____	Employed Since: _____	Monthly Income: _____	
Bank Reference: _____ () _____			
Street Number/Name	City/State/Zip	Telephone Number	

Unit Preference: Please rank in order from 1 - 5, 1 being your first choice.

_____ 2-Bedroom Flat, \$575/person/month	_____ 4-Bedroom Flat, \$475/person/month
_____ 3-Bedroom Flat, \$525/person/month	_____ 4-Bedroom, Corner Flat, \$485/person/month
	_____ 4-Bedroom, First Floor Flat, \$450/person/month

Roommate Information: Please list your roommates below (note: each roommate is required to complete an application and be approved prior to residency)

APARTMENT DEPOSIT AGREEMENT: I deposit \$300.00, as a good faith deposit and a \$50.00 Application Fee, with this Application for Residency. If my application is approved, I understand \$300.00 will be applied towards the total security deposit due, which will be \$600.00. If for any reason Landlord declines this Application, then Management will refund this deposit minus an application fee of \$50.00. If for any reason I decide to cancel this Application, I understand that this initial deposit will be forfeited to Landlord as liquidated damages, and which I agree are reasonable in amount. I agree to pay the balance of the deposit upon approval of my/our Application, which is applied towards that total security deposit due at move-in. If I fail to occupy the premises on the agreed upon date, except for delays caused by construction or the holding over of a prior resident, it is understood that both deposits will be forfeited to Landlord as liquidated damages, which I agree are reasonable in amount. If the additional deposit is not made within ten (10) days of the date of notice of acceptance of the Application, I understand and agree that my initial deposit will be forfeited to Landlord as liquidated damages, which I agree is reasonable in amount.

All Persons and/or firms named and any court or credit information service may freely give any requested information about me/us and I/we hereby waive all right of action for any consequences resulting from such information. I/we further certify that I/we have read and agree to all entries made on this Application form and do also agree to all the provisions printed on the face of this document. I/we also certify that I/we have retained a copy of this Application. The approval of Application is based on the criteria/rental policies of Landlord.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION.

Applicant's Signature _____ Date _____ Application Received By: _____ Date _____

Drivers License Number _____

Co-Signers Signature _____ Date _____

Drivers License Number _____ Application Approved / Rejected _____ Date _____