## **APPLICATION FOR RESIDENCY**

Name \_\_\_\_\_\_ Date of Birth\_\_\_\_\_

SSN	Phone #	
Do you have a job? YES NO Total	Weekly Income	
Do you have any pets? YES NO	Type	
Have you ever been evicted?	YES NO	When
How many people will be living in the apart	ment?Adults	Children
Are you on active duty in the Military? Are you on Reserve duty in the Military?	YES NO YES NO	
Present Address:	City:	
State: Zip:		
APPLICANT EMPLOYMENT		
Present Employer:	Position:	Phone:
Supervisor:	Employed Since:	
The undersigned warrants and represents that the in persons or firms named may freely give any request action for any consequence resulting from such infor inquiry, and a criminal history inquiry.	ed information concernin	g me and I hereby waive all right of
APPLICANT SIGNATURE		
NOTE -	D EOD EVERY ARTY	T DECIDENT

\*ONE APPLICATION MUST BE COMPLETED FOR EVERY ADULT RESIDENT

\*PLEASE PROVIDE COPY OF DRIVER LICENSE or STATE ID, AND COPY OF RECENT PAY STUB

FILL THIS OUT AND FAX BACK to 1-800-653-6308 – OR EMAIL to gecko\_properties@comcast.net