

Check # _____
Amount _____

APPLICATION FOR RESIDENCY

**WELCOME TO Orange Manor West. Please complete the following information for our records.
All information provided is strictly confidential and for office use only.**

Applying for residency in this community at LOT # _____ Date _____ Date of Closing _____

Name _____ Date of Birth _____ Social Security Number _____

Spouse _____ Date of Birth _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip _____ Phone _____

List all persons desiring residency other than yourself and spouse (If applicable):

Name _____ Relationship _____ Age _____

1. _____

2. _____

Current Landlord _____ Phone # _____ Address _____ City _____

Are you being asked to terminate your lease? Yes _____ No _____

Reason _____

Previous Address _____ City _____ State _____ Phone # _____

Landlord Name _____ Reason for Moving _____

Were you asked to terminate your Lease? Yes _____ No _____ Reason _____

Employer _____ Phone # _____ Address _____

City _____ State _____ Zip _____ Position _____ How long on Job _____

Monthly Income \$ _____ Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain:

Pet Information: Breed _____ Color _____ Age _____ Weight _____ **40 lb WEIGHT LIMIT**

Vehicles: Make & Year _____ Make & Year _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Daytime Phone # _____ Evening # _____

Relationship _____ Address _____

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigate consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records and credit records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and my constitute a criminal offense under the laws of this State. Non-Refundable Application Fee of \$50 is due at signing. Paid by Applicant(s).

Applicant's Signature _____ Date _____ Co-Applicant's or Spouse's Signature _____ Date _____

PLEASE ATTACH COPIES OF DRIVER'S LICENSE FOR EACH PERSON SIGNING