



**P.B. BELL ASSET MANAGEMENT, INC.**  
**APPLICATION FOR APARTMENT RESIDENCY**

(All adults 18 years and older must complete a separate Application [except spouse])

**Community:** \_\_\_\_\_

1. Date: \_\_\_\_\_ 2. Desired Date of Occupancy: \_\_\_\_\_

3. Name: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Present Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. List of People Who Will Occupy Apartment:

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Will a pet of any type live in your apartment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Pet's Name: \_\_\_\_\_

Description: \_\_\_\_\_

Type/Breed: \_\_\_\_\_ Weight/Height: \_\_\_\_\_

(Some breeds may be restricted)

7. RESIDENCE INFORMATION:

A. Present Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rent/Mortgage Amount: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Name of Apartment Community/Mortgage Company or Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

B. Previous Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rent/Mortgage Amount: \_\_\_\_\_ How Long: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Name of Apartment Community/Mortgage Company or Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

8. Person to notify and whom you authorize to take possession of your personal property in the event you pass away, become incapacitated, incarcerated or in an emergency situation:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

9. Have you or your spouse ever been evicted or are currently under eviction proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you or your spouse ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, dismissal/discharge date: \_\_\_\_\_

11. Are you or your spouse currently engaged in any criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

12. Have you or your spouse ever been convicted of a crime involving persons or property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

13. Do you or your spouse have any outstanding warrants for arrest? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you or your spouse use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

15. EMPLOYMENT AND FINANCIAL INFORMATION:

A. Current Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone number of Supervisor: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

B. Previous Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone number of Supervisor: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

C. Spouse's Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone number of Supervisor: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

16. Other Source of Income for Rental Payments: \_\_\_\_\_ Amount: \_\_\_\_\_

17. Your Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Spouse's Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicles you would like to park on property:

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE NUMBER	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant acknowledges that all of the above statements are true and complete, and hereby authorizes verification of above information, references, credit and criminal records. Applicant recognizes that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that discovery of false or misleading information after move-in could result in immediate eviction.

Applicant understands that if the Application is NOT approved, all deposits, EXCLUDING any non-refundable/application fees, will be refunded within fourteen (14) business days. Applicant also understands that if applicant WITHDRAWS Application after a forty-eight (48) hour period, a cancellation fee will be deducted from the holding deposit.

Be advised that Management and Management's Employees are Agents of and represent the Owner.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you hear about us?**

Referral\_\_\_\_\_ For Rent\_\_\_\_\_ Apt. Guide\_\_\_\_\_ Drive By\_\_\_\_\_ Internet\_\_\_\_\_

Other