



**AMCS, Inc.**  
**APPLICATION FOR RESIDENCY**  
**Apartment Community**



Application Received: \_\_\_\_\_ Needed by: \_\_\_\_\_ Size: \_\_\_\_\_ Apt #: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant Full Name \_\_\_\_\_ Former Last Name \_\_\_\_\_

Spouse Full Name \_\_\_\_\_ Former Last Name \_\_\_\_\_

**CONTACT INFORMATION**

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Ext# \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Spouse Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Ext# \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Spouse Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

**VEHICLE INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

**PETS**

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been Convicted, Plead Guilty, No Contest, Received Probation, Deferred Adjudication, Court-ordered Supervision or Pre-trial Diversion for any criminal act or crime? Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

**RENTAL HISTORY**

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ Sued for property damages? Yes \_\_\_\_\_ No \_\_\_\_\_

Sued for rent? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever broken a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT RESIDENCE**

Full Address \_\_\_\_\_

Rent Amount \$ \_\_\_\_\_ Lived Here From: \_\_\_\_\_ To: \_\_\_\_\_ Check one: Rent \_\_\_ Own \_\_\_ N/A \_\_\_

Name of Community/Mortgage Company \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

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

**PREVIOUS RESIDENCE**

Full Address \_\_\_\_\_

Rent Amount \$ \_\_\_\_\_ Lived Here From: \_\_\_\_\_ To: \_\_\_\_\_ Check one: Rent \_\_\_ Own \_\_\_ N/A \_\_\_

Name of Community/Mortgage Company \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

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

**CURRENT EMPLOYMENT**

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Estimate Miles to Work \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_ Ext# \_\_\_\_\_ Fax # \_\_\_\_\_

Estimated Annual Income \$ \_\_\_\_\_ Additional Income (if applicable) \$ \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Can management allow access to your emergency contact person in the event of serious illness, death, or other circumstances that would make you unavailable? The emergency contact person can remove your property from your apartment and/or common areas. (INITIAL)

\_\_\_ YES \_\_\_ NO

**LIST COMPLETE NAMES OF ALL OCCUPANTS**

	<u>Full Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Social Security #</u>
1		Head of Household		
2				
3				
4				
5				
6				

**PLEASE READ EACH STATEMENT BELOW AND INITIAL THAT YOU UNDERSTAND AND AGREE.**

**Initial** It is the policy of AMCS, Inc. to provide housing on an Equal Housing Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap. Please feel free to comment in writing about your leasing experience to P.O. Box 1302, Johns Island, SC 29457, Attn: Broker in Charge.

**Initial** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. In connection with my application at \_\_\_\_\_, I hereby authorize any consumer agency, current and previous employer, current and any former landlord, law enforcement agency, any check authorization agency, and state employment security agency to release all information any of them may have about me. I hereby release all of these parties from any liability in connection with release of such information. I also authorize the use of Resident Data, Inc. of data contained in my application for residence for demographically or other types of studies or reports.

**Initial** The management and residents of this community are ever vigilant in identifying the sale and/or manufacturer of illegal substances. We have a nice community and intend to keep it that way. I understand that the management routinely inspects the individual apartments at the properties to ensure it is being cared for and maintained properly. If illegal activities are observed during these inspections it will be reported to the authorities. If I am accepted as a resident at this community, I pledge to cooperate in this effort.

**Initial** The undersigned warrants and represents the information on this application for residency to be true and correct. All persons/firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information.

**Initial** I hereby leave \$ \_\_\_\_\_ non-refundable fee for processing this application. I hereby leave \$ \_\_\_\_\_ for a good faith deposit in connection with this application and placed in a non-interest bearing account. If for any reason management declines my application, management has 30 days in which to refund my good faith deposit. If this application is approved and I fail to occupy the premises on the agreed upon date, or terminate application after approval, I understand that I forfeit the full amount of the good faith deposit.

**Applicant Signature**

**Date**

**Spouse Signature (if applicable)**

**Date**

**Reasonable accommodations will be considered upon request.**

**OFFICE USE ONLY**

Application Received on: \_\_\_\_\_ by: \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Received on: \_\_\_\_\_ by: \_\_\_\_\_ Doc#: \_\_\_\_\_

Sec Deposit \$ \_\_\_\_\_ Received on: \_\_\_\_\_ by: \_\_\_\_\_ Doc#: \_\_\_\_\_

Credit: \_\_\_\_\_

Employment/Income Verified: \_\_\_\_\_

Residency Verified: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Unfavorable Credit Report \_\_\_\_\_ Unfavorable Residency \_\_\_\_\_ Unfavorable Employment \_\_\_\_\_ Criminal History

\_\_\_\_\_ Incorrect Information Submitted \_\_\_\_\_ Other: \_\_\_\_\_

Applicant notified on \_\_\_\_\_ at \_\_\_\_\_ am / pm of Approval or Disapproval.

Signature of Agent: \_\_\_\_\_