



APPLICATION FOR RESIDENCY

PERSONAL INFORMATION

Applicant's Name _____ SS# _____
 Date of Birth _____ Driver's License # _____ State: _____
 Passport # _____ VISA # _____
 Street Address _____ Primary Phone _____
 City _____ State _____ Zip _____ Additional Phone _____
 How long at Address? _____ E-Mail Address _____
 Landlord's or Mortgagor's Name _____ Phone _____
 Current Rent or Mortgage: \$ _____

LIST ALL PERSONS TO OCCUPY APARTMENT: *Only those listed on this application shall occupy apartment.* All persons age 18 and over must fill out a separate application and meet our Resident Selection Criteria.

NAME	RELATIONSHIP	DATE OF BIRTH
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Why are you leaving your present residence? _____
 Have you ever left owing rent? ___ Yes ___ No
 Have you ever been evicted? ___ Yes ___ No
 Have you ever been convicted of a Felony? ___ Yes ___ No
 Have you ever had a Foreclosure? ___ Yes ___ No If Yes, When _____

EMPLOYMENT INFORMATION

Present Employer _____ Phone _____ Fax # _____
 Street Address _____ City _____ State _____ Zip _____
 Salary _____ Per _____ Position _____ Start Date _____
 Supervisor _____

OTHER INCOME

Social Security \$ _____ Pension \$ _____
 Child Support \$ _____ Disability \$ _____
 Other \$ _____
 (Please Explain) _____

BANK INFORMATION

Bank Name: _____ Checking Account Number _____
 Bank Name: _____ Savings Account Number _____

VEHICLE INFORMATION

Autos: Make/Model	Year	Plate No.	State	Color
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____



OTHER INFORMATION

Do you have a Pet ___ Yes ___ No If Yes, what kind? _____

Do you own real estate? ___ Yes ___ No.

If Yes, Address: _____

City _____ State _____ Zip _____

Person to be Notified in Event of Emergency:

Name _____ Phone _____

Address _____ Relationship _____

City _____ State _____ Zip _____

I hereby apply for occupancy of an apartment and agree to take the premises and execute an apartment lease in form used by the Owner.

I hereby make an earnest money deposit of \$250.00 which is to be forfeited and retained by the Owner if balance of deposit, equaling \$49.00 1-bedroom / \$249.00 2- bedroom is not paid. (Due date is 3 days after selection of an apartment or before move-in date, whichever occurs first). If this application is NOT accepted, or if I cancel the application within 3 days of application, the earnest money deposit will be refunded within 30 days of application. The Owner will retain the credit check fee.

I acknowledge that the selection of an apartment will cause the Owner to remove that apartment from the market, so that if I fail to occupy the apartment, the Owner will incur monetary damages which are certain to occur but difficult to calculate. Therefore, if I fail to occupy the apartment, the entire amount of this deposit shall be considered liquidated damages and shall be retained by the Owner. If I occupy the apartment, the entire amount of this deposit shall be converted to the security deposit required under the lease.

RENTERS INSURANCE: I acknowledge that renters insurance is a requirement of my residency. The insurance must include \$300,000 of liability coverage naming Partnership Concepts Realty Management, Inc. as additional insured.

I represent that all of the above statements are true and correct and hereby consent to allow PCR, Inc., through its designated agent and its employees, to obtain and verify my employment, rental history, credit information including a criminal background search for the purpose of determining whether or not to lease me an apartment. I understand that should I lease an apartment, PCR, Inc. and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for lease renewal and collection purposes. **I understand that falsifying of information on the application will be grounds for rejection of tenancy.**

I have reviewed and understand the Partnership Concepts Realty Management, Inc. Resident Selection Criteria outlined on the website <https://foxboroapartments.com/apply/>

Applicant Name (print) _____

Applicant's Signature _____ Date _____

Leasing Agent: _____ Date _____

OFFICE USE ONLY

Received: Credit Check Fee: \$ _____ (non-refundable)

Earnest Money Deposit: \$ _____

Property _____

Apartment Rented: _____ Expected Move-In Date: _____

