

MPM - APPLICATION FOR OCCUPANCY**OFFICE USE ONLY**

Leasing Agent	Name of Property	Rental Rate	Move-In Date
---------------	------------------	-------------	--------------

PLEASE READ BEFORE COMPLETING THIS APPLICATION:

Applicant should answer all questions completely (including where references may be reached Monday - Friday from 8:00 am to 5:00 pm). INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE	PHONE	BIRTHDATE	SSN
-----------	------------	--------	-------	-----------	-----

SPOUSE'S INFORMATION

LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE	SSN
-----------	------------	--------	-----------	-----

NAMES AND AGES OF CHILDREN

PARENT INFORMATION - for emergency purposes

NAME	ADDRESS	PHONE NUMBER
------	---------	--------------

RESIDENTIAL INFORMATION**CURRENT ADDRESS**

STREET ADDRESS AND A	CITY	STATE	ZIP	HOW LONG? FROM _____ TO _____
NAME OF LANDLORD OR MORTGAGE CO.	ADDRESS--LANDLORD	PHONE--LAN	RENT PAID	

PREVIOUS

STREET ADDRESS AND A	CITY	STATE	ZIP	HOW LONG? FROM _____ TO _____
NAME OF LANDLORD OR MORTGAGE CO.	ADDRESS--LANDLORD	PHONE--LAN	RENT PAID	

PREVIOUS

STREET ADDRESS AND A	CITY	STATE	ZIP	HOW LONG? FROM _____ TO _____
NAME OF LANDLORD OR MORTGAGE CO.	ADDRESS--LANDLORD	PHONE--LAN	RENT PAID	

Have you ever refused to pay rent?

Ever been evicted?

Ever convicted of a felony?

If so, please explain:

APPLICANT'S EMPLOYMENT

EMPLOYER	ADDRESS	CITY	STATE	ZIP
POSITION	HOW LONG? from _____ to _____	MO. INCOME - NET	TELEPHONE #	

SPOUSE'S EMPLOYMENT

EMPLOYER	ADDRESS	CITY	STATE	ZIP
POSITION	HOW LONG? from _____ to _____	MO. INCOME - NET	TELEPHONE #	

BANK REFERENCES & OTHER INCOME SOURCES

BANK	ADDRESS	CITY	STATE
CHECKING A	SAVINGS #	HOW LONG	TELEPHONE #
SOURCE OF OTHER INCOME	HOW MUCH PER MONTH?	DURATION OF INCOME	
DRIVER'S LICENSE #	STATE ISSU	EXPIRATION DATE	

By signing, the applicant releases the management company to conduct an investigative report to determine the eligibility of applicant. This inquiry includes information as to character, credit and mode of living. This application may be denied as a result of any misrepresentation or insufficient information as a result of an incomplete application. Applicant has the right to make a written request within a reasonable period of time to receive additional information as to the nature and scope of this investigation

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____