

Application For Occupancy Please fill out completely. Failure to complete in full, including daytime phone numbers, could delay processing of this application.

Property: North Brighton Townhouses, Inc.

Des	Desired date of Occupancy		Current Date	Time				
Applicant	t's Name		Maiden Name					
Date of Birth SSN			_		d less than 5 years			
Date of b				Single	Married			
Are you a	a U.S. citizen? Yes No			Divorced	Separated			
Co-Applio	cant's Name		Maiden Name					
Date of Birth SSN			If marrie	d less than 5 years				
		_		Single	Married			
				Divorced	Separated			
# of people who will occupy unit: Adults (Age 18 & Over) Children (under 18)								
Ages of c	hildren who will occupy							
Pets	Description							
In Case of	f Emergency, notify							
		RESIDENCE HIS	TORY - LAST 3 YEAF	RS				
Current Address				Phone Numbe	er			
	Please include CITY, S		Please include area code					
From mo	Yr	To mo.	Yr					
Present L	andlord	Phone Number	er					
	Name - Addres	s (Show Mortgage company i	f buying)		Please include area code			
Previous A	Address			Phone Numbe	er			
,	Please include CITY, S		Please include area code					
From mo		To mo.	Yr.					
Previous	Landlord			Phone Numbe	er			
	Name - Addres	ss (Show Mortgage company i	f buying)		Please include area code			
			LMSI_Revised 2/2008					

RESIDENCE HISTORY - Cont. Phone Number **Previous Address** Please include CITY, STATE, ZIP & Apartment number if applicable Please include area code From mo. To mo. **Previous Landlord Phone Number** Name - Address (Show Mortgage company if buying) Please include area code **EMPLOYMENT REFERENCES Current Employment Phone Number** Dept. or Position **Address** From mo. Yr. To mo. Yr. Supvervisor's Name **Previous Employment** Phone Number Address Dept. or Position Yr. To mo. Yr. Supvervisor's Name From mo. Phone Number Co-Applicant's Employment **Address** Dept. or Position Yr. From mo. To mo. Supvervisor's Name Monthly Household Income **BANK REFERENCES** Bank Reference Phone Number Checking Account # Address How Long □ Savings Other Income Indicate source & amount **CREDIT REFERENCES** Acct #. **Phone Number Phone Number** Acct #. Acct #. **Phone Number** Have you ever filed Bankruptcy? Tyes No If Yes, when

1.	Address		Phone Nu	Phone Number	
2.	Address		Phone Number		
Number of Cars	Applicant Driver's Licen	se #			
Include Company Cars	Co-Applicant Driver's License #				
Make	Color	Year	License #	State	
Make	Color	Year	License #	State	
Make	Color	Year	License #	State	
Acceptance of this application applicant recognizes that the	on, and any monies depone owner or his/her legal ords regarding civil and	osited herewith, is not agent may invesigate a criminal matters, and for	and are listed as applicants befolinding until approval is made all information shown on this a ull disclosure of pertinent facts	in writing. By signing, the pplication as well as obtaining	
Applicant	s Signature		Current Date		
присанс	Joignature				
			Current Date		
Co-Applic	ant's Signature				

CHARACTER REFERENCES