

Willow Brook Estates, LLC

Resident Application

Section 1 - Resident Information

Resident 1

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Date of Birth: _____ SS#: _____

Resident 2

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Date of Birth: _____ SS#: _____

Section 2 - Dependents

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

Section 3 - Pets

_____ NO _____ Yes - Description: _____

Section 4 - Nearest Relative Not Living With You

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Relationship: _____

Section 5 - Residency History

Resident 1:

Current Residency:

Address: _____

City: _____ State: _____ Zip: _____

Do you Own? _____ Time Period: _____

Or

Do you Rent? _____ Time Period: _____

If Yes: Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Previous Residency:

(A) Address: _____

City: _____ State: _____ Zip: _____

Did you Own? _____ Time Period: _____

Or

Did you Rent? _____ Time Period: _____

If Yes: Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

(B) Address: _____

City: _____ State: _____ Zip: _____

Did you Own? _____ Time Period: _____

Or

Did you Rent? _____ Time Period: _____

If Yes: Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Resident 2:

Current Residency:

Address: _____
City: _____ State: _____ Zip: _____
Do you Own? _____ Time Period: _____
Or _____
Do you Rent? _____ Time Period: _____
If Yes: Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Previous Residency:

(A) Address: _____
City: _____ State: _____ Zip: _____
Did you Own? _____ Time Period: _____
Or _____
Did you Rent? _____ Time Period: _____
If Yes: Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

(B) Address: _____
City: _____ State: _____ Zip: _____
Did you Own? _____ Time Period: _____
Or _____
Did you Rent? _____ Time Period: _____
If Yes: Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Section 6 - Employment History

Resident 1:

Primary Income

Employer Name: _____

Time Period: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Gross Monthly Salary: _____

Secondary Income

Employer Name: _____

Time Period: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Gross Monthly Salary: _____

Previous Employment

(A) Employer Name: _____

Time Period: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Reason for Leaving: _____

(B) Employer Name: _____

Time Period: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Reason for Leaving: _____

Resident 2:

Primary Income

Employer Name: _____
Time Period: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person: _____
Gross Monthly Salary: _____

Secondary Income

Employer Name: _____
Time Period: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person: _____
Gross Monthly Salary: _____

Previous Employment

(A) Employer Name: _____
Time Period: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person: _____
Reason for Leaving: _____

(B) Employer Name: _____
Time Period: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person: _____
Reason for Leaving: _____

Section 7 - Personal References:

(A) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Relationship: _____

(B) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Relationship: _____

(C) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Relationship: _____

(D) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Relationship: _____

(E) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Relationship: _____

Section 8 - Bank Reference:

Resident 1:

Checking:	Balance:
Savings:	Balance:
Credit Cards:	Balance:
Credit Cards:	Balance:
Credit Cards:	Balance:

Resident 2:

Checking:	Balance:
Savings:	Balance:
Credit Cards:	Balance:
Credit Cards:	Balance:
Credit Cards:	Balance:

Are you planning to purchase an existing home in the community? _____

If so, which lot _____

Are you planning to move a home into the community? _____

Home Year/Make: _____ Home Size: _____

No. Of Bedrooms: _____

Does the Home have Vinyl Siding? _____

Does the Home have a Peaked & Shingled Roof? _____

*Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not tenancy is approved. I am informed that you may request a criminal/consumer report in connection with this application and that if I ask, you will inform me if such a report was requested, and the name and address of the consumer reporting agency that furnished the report. I am also informed that subsequent consumer reports may be requested, or used in connection with any up date or renewal of tenancy applied for. I authorize you to obtain all such reports and to check my employment history.

Resident Applicant 1 Signature: _____ Date: _____

Resident Applicant 2 Signature: _____ Date: _____