



FAXABLE RESIDENT APPLICATION FOR HOUSING

A separate signed application for each applicant, unless married, along with all required fees, deposits and verification documents must be submitted before the application can be accepted and processed.
Fax Numbers are listed on Page 3.

For Internal Use Only

Property: _____ Address: _____ Unit Type: _____
 MI Date: _____ Lease Term: _____ Application Fee: _____
 Base Rent: _____ Security Deposit: _____ Cable TV: _____
 C/A Deposit: _____ Washer/Dryer: _____ Pet Fee: _____
 Approved / Cond. Declined _____ Date: _____
 Applicant Notified: _____ Date: _____
 Other: _____

Applicant Name _____ Drivers License _____
First Middle Last State Number

Name must be exactly as shown on current, valid, government-issued photo ID.

Cell Phone Number _____ Work Phone Number _____ Other _____
 Date of Birth _____ Social Security Number _____ e-mail _____
Month Day Year

Spouse's Name _____ Drivers License _____
First Middle Last State Number

Name must be exactly as shown on current, valid, government-issued photo ID.

Cell Phone Number _____ Work Phone Number _____ Other _____
 Date of Birth _____ Social Security Number _____ e-mail _____
Month Day Year

Names, Date of Birth, Sex, and Relationship to applicant of all other persons who will occupy premises.

Name _____ Date of Birth _____ Sex _____ Relationship _____
 Name _____ Date of Birth _____ Sex _____ Relationship _____

I learned of these apartments from _____

Apartment Community _____ Number of Bedrooms _____ Date Needed _____

In case of an emergency notify: _____ Name _____ Relationship _____

(This must be a parent, legal guardian, or nearest relative.)

Address _____ Telephone-Day _____
 _____ Telephone-Night _____

Auto Tag _____ Color _____ Make / Model _____
 Auto Tag _____ Color _____ Make / Model _____

Do you have pets? _____ If so, Specify each: _____
Type Breed Weight

Type Breed Weight

(A Pet Application & Pet Agreement must be submitted for approval.)

Do you have a camper, motor home, or company vehicle, etc.? If so, specify _____

RESIDENCE HISTORY (2 YEAR MINIMUM)

Current Address _____
Number Street City State Zip

Monthly Payments _____ Time at Address _____

Previous Address _____
Number Street City State Zip

Monthly Payments _____ Time at Address _____

APPLICANT EMPLOYMENT / INCOME INFORMATION (2 YEAR MINIMUM)

PRESENT Employer _____ How Long _____

Address _____ Telephone _____
Number Street City State Zip Area Code Number

Position _____ Gross Monthly Income _____ Manager _____

Additional Income _____ Source _____

SPOUSE'S EMPLOYMENT / INCOME INFORMATION (2 YEAR MINIMUM)

PRESENT Employer _____ How Long _____

Address _____ Telephone _____
Number Street City State Zip Area Code Number

Position _____ Gross Monthly Income _____ Manager _____

Additional Income _____ Source _____

I understand that the Application Fee is non-refundable.

I understand that the Security Deposit is required to process the application. In the event that my application is not approved, the Security Deposit will be returned to me. The applicant must sign lease within three days after the application has been approved.

Have you rented an apartment in any of our Marsh communities before? Yes ___ No ___

If yes, where and when _____

Have you ever been arrested and / or convicted of any crimes? Yes ___ No ___

If yes, please explain on separate sheet.

By signature below applicant authorizes Marsh Properties through its employees and designated screening agency to obtain consumer credit report and court and criminal record information and to verify any information supplied on the application and any other information discovered in the process of screening this application. I understand that any false information furnished by me on this application is grounds for immediate rejection of my application.

Applicant Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

Application Fee _____ **Security Deposit** _____ **Date Received** _____

Marsh Properties _____

Please complete Acknowledgment Form on following page



APPLICATION INFORMATION ACKNOWLEDGEMENT

In addition to the forms to be signed and submitted with the application, by signature below applicant confirms that he/she has read and understands and agrees to the additional information and requirements specified in the following forms listed on-line as of the date of this application.

Review your community's forms below and fax the completed and signed Resident Application for Housing, Screening Criteria and this form to the number listed below.

Elmhurst – Park Place- Salem Village

Occupancy Policy (Form #102)
Utility Requirements (103)
Renters Insurance Requirements (104)
Roommate Information (105)
Community Rules and Regulations (106)
Pet Policy (107) and Pet Agreement (108)

Strawberry Hill

Occupancy Policy (Form #302)
Utility Requirements (303)
Renters Insurance Requirements (304)
Roommate Information (305)
Community Rules and Regulations (306)
Pet Policy (307) and Pet Agreement (308)

Queens at Granville

Occupancy Policy (Form #502)
Utility Requirements (503)
Renters Insurance Requirements (504)
Roommate Information (505)
Community Rules and Regulations (506)
Pet Policy (507) and Pet Agreement (508)

Biscayne – Briar Creek – Sedgefield

Occupancy Policy (Form #202)
Utility Requirements (203)
Renters Insurance Requirements (204)
Roommate Information (205)
Community Rules and Regulations (206)
Pet Policy (207)

Providence Park

Occupancy Policy (Form #402)
Utility Requirements (403)
Renters Insurance Requirements (404)
Roommate Information (405)
Community Rules and Regulations (406)
Pet Policy (407) and Pet Agreement (408)

Please Fax 5 Pages (plus Pet Agreement if applicable) to:

Elmhurst, Park Place, Salem Village	704-523-6564
Biscayne, Briar Creek, Sedgefield	704-523-6564
Strawberry Hill	704-366-7850
Providence Park	704-844-2730
Queens at Granville	704-366-7850

I/we have read the policies for our community.

Community Name _____

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____