



## **Application Process**

Thank you for choosing The Flats at Fox Hill as your new home.

### **To Apply, please complete the following steps:**

- Complete & Sign the Application for Residency
- Provide Two Forms of ID for Verification:
  - One Photo ID
  - Social Security Card
- Proof of Income:
  - Typically presented as 2 months of most recent, consecutive paystubs; please inquire with leasing professional on additional acceptable forms of Proof of Income
  - **\*\*Please note that some Proof of Income forms may require Management Review & Verification\*\***

### **Investment:**

- Application Fee: \$35.00 Per Applicant
- Reservation (Holding) Fee: \$99.00 per home, due at time of application.
  - Approved applications: reservation fee applied to first month's rent
  - Cancellation: the reservation fee is only refundable in the event the application is not approved
- **Security Deposits**: Subject to credit and background screening, security deposits will be equal to a half or full month's rent.
- **Renter's Insurance**: Our community requires renter's insurance for all residents. The Flats at Fox Hill must be listed as additionally insured. Please inquire for coverage details.

### **Lease Agreement:**

- Leases can be signed electronically, or in person. We ask that all lease agreements are signed within **72 hours** of application approval.





# Application for Residency

For Office Use Only:	
Leasing Professional:	_____
Date:	_____ Apartment Address: _____
Monthly Rent:	_____ Concession/Special: _____
Move-In Date:	_____ Lease Term: _____ to _____
Applicant Type:	___ Lease Signer ___ Guarantor

## Applicant Information

Full Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Reason for Moving:		Email:
Previous address, if less than 2 years at current:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
Driver's License Number:		Issuing State:

## Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

## Emergency Contact

\_\_\_\_ Please initial to signify that in the event of serious illness or other circumstances, the below person may have access to the leased premises and contents within.

Name (must not reside in apartment home):			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

## List all other Minor Occupants

Name:		
Date of birth:	SSN:	Phone:
Name:		
Date of Birth:	SSN:	Phone:
Name:		
Date of Birth:	SSN:	Phone:

## Pet Information

Pets are accepted only with consent of the Management and are subject to breed and weight restrictions.

Do you have any pet(s)? ____ Yes ____ No	# Pets:	Vet records may be required to substantiate breed.	
Pet #1: Type: ____ Dog ____ Cat	Breed:	Weight:	
Pet #1: Type: ____ Dog ____ Cat	Breed:	Weight:	

\_\_\_\_ Please initial to signify that you have a service or emotional support animal, and require a request for reasonable accommodation form.

## Vehicle Information

Make:	Model:	License Plate:
Make:	Model:	License Plate:







Applicant Identity Verification  
(For Office Use Only)

Name of Applicant (as it appears on photo ID):

\_\_\_\_\_

Circle documents presented. Initial and date upon verification of each form of identification.

One of each of the documents below must be presented:

ONE photo identification:

1. Driver's License or ID card issued by federal, state or local government agency or entity, provided it contains a photograph or information such as name, date of birth, height, eye color, and address (School ID card with a photograph, US Military card, Military dependent's ID card)
2. US Passport or US Passport Card (expired or current)
3. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
4. Foreign Passport with Form I-551 stamp or Form I-94

AND the following document:

1. US Social Security Card issued by the Social Security Administration

By signing below, I confirm that I have verified the document(s) presented by the above-named applicant to verify identity, and the listed document(s) appear to be legitimate.

\_\_\_\_\_  
Leasing Professional's Signature

\_\_\_\_\_  
Date