

Colonial Point Apartments Rental Application

Type Of Unit Requested _____ Current Market \$ _____

Date of Move-In Requested _____ # Of Occupants _____ Pet _____

APPLICANT INFORMATION

NAME _____ CONTACT# _____

EMAIL _____

CURRENT ADDRESS _____

LANDLORD NAME _____ CONTACT# _____

PREVIOUS ADDRESS _____ LANDLORD# _____

APPLICANT EMPLOYER

EMPLOYER NAME _____ CONTACT# _____

EMPLOYER ADDRESS _____

SUPERVISOR NAME _____ CONTACT# _____

POSITION HELD _____ SALARY _____

CO-APPLICANT INFORMATION

NAME _____ CONTACT# _____

EMAIL _____

CURRENT ADDRESS _____

LANDLORD NAME _____ CONTACT# _____

PREVIOUS ADDRESS _____ LANDLORD# _____

CO-APPLICANT EMPLOYER

EMPLOYER NAME _____ CONTACT# _____

EMPLOYER ADDRESS _____

SUPERVISOR NAME _____ CONTACT# _____

POSITION HELD _____ SALARY _____

CREDIT & CRIMINAL CHECK

YOU HAVE APPLIED FOR RESIDENCY WITH US AT COLONIAL POINT APARTMENTS.
PART OF THE APPLICATION PROCESS CONSISTS OF VERIFICATION OF APPLICANT/S AND THEIR
CREDIT, RENTAL, EMPLOYMENT & CRIMINAL HISTORY.

I/WE CERTIFY THAT I/WE ARE AT LEAST 18 YEARS OF AGE & ALL INFORMATION VOLUNTARILY GIVEN HEREIN IS TRUE & CORRECT TO
BEST OF MY/OUR KNOWLEDGE. ANY INFORMATION FOUND TO BE INCORRECT, INCOMPLETE, MISSING OR FALSEIFIED, THIS
APPLICATION MAY BE AUTOMATICALLY DENIED.

APPLICANT NAME

DATE OF BIRTH

SOCIAL SECURITY #

DRIVERS LICENSE #

STATE

CURRENT STREET ADDRESS

CITY

STATE

ZIP CODE

PREVIOUS ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER'S NAME

ADDRESS

PHONE#

CO-APPLICANT NAME

DATE OF BIRTH

SOCIAL SECURITY #

DRIVERS LICENSE #

STATE

CURRENT STREET ADDRESS

CITY

STATE

ZIP CODE

PREVIOUS ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER'S NAME

ADDRESS

PHONE#

I/WE HEREBY GRANT PERMISSION AND REQUEST YOUR ASSISTANCE FOR INFORMATION TO BE RELEASED ON MY/OUR BEHALF TO
COLONIAL POINT APARTMENTS AND/OR THEIR AFFILIATE REGARDING MY CREDIT, EMPLOYMENT, EARNINGS, CRIMINAL
BACKGROUND, RENTAL REFERENCES OR ANY OTHER PERTINENT INFORMATION NEEDED IN THE PROCESSING OF THIS RENTAL
APPLICATION. I/WE REALIZE APPLICATION FEE REQUIRED IS \$35.00 PER APPLICANT IN MONEY ORDER FORM AND IS NON-
REFUNDABLE IF APPLICATION IS APPROVED OR DENIED. I/WE ALSO UNDERSTAND AND AGREE THAT UPON APPROVAL FOR MOVE IN
AND UPON PAYMENT OF ANY SECURITY DEPOSIT, I/WE HAVE 72 HRS (3 DAYS) TO REQUEST FULL SECURITY REFUND AND
CANCELLATION OF APPLICATION FOR RESIDENCY.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE