

FPI CORPORATE APARTMENT OCCUPANT APPLICATION

Apartment Community Name Independence Place

A separate application is required from each occupant 18 years of age or older.

| Applicant Information | | | | | |
|-----------------------|-------|---------|-----------------------|-------------------|---------------|
| Applicant - Last | First | Initial | Drivers License # | Social Security # | Date of Birth |
| Other Occupants | | | Relationship | Social Security # | Age |
| Email addresses: | | | Cell Phone: () | | |

| Residence History | | | | |
|--|---------------------------|---------------------------|-----------------|-----------------|
| Current Address | Address, City, State, Zip | | | Phone () |
| | Move-In Date | Projected Move-Out Date | Monthly Payment | Own/Rent/Lease |
| | Landlord or Mortgage Co. | Address, City, State, Zip | | Phone () |
| | Reason for Moving | | | |
| Previous Address | Address, City, State, Zip | | | Phone () |
| | Move-In Date | Projected Move-Out Date | Monthly Payment | Own/Rent/Lease |
| | Landlord or Mortgage Co. | Address, City, State, Zip | | Phone () |
| | Reason for Moving | | | |
| Will you have any pets? NO <input type="checkbox"/> YES <input type="checkbox"/> | | Describe pet: | | |
| Will you have any liquid furniture? NO <input type="checkbox"/> YES <input type="checkbox"/> | | Describe furniture: | | |
| Have you ever been evicted or asked to move? NO <input type="checkbox"/> YES <input type="checkbox"/> | | Describe: | | |

| Employment History | | | | |
|------------------------|-----------------|---------------------------|---|---------------------|
| Current Address | Employer Name | Address, City, State, Zip | | Phone () |
| | Supervisor Name | Start Date | Salary per Year, Month, Hour (Circle One) | Position/Occupation |

| Vehicles | | | | | |
|----------------------|------------------|------|-------|---------|-------|
| Auto #1 - Make/Model | Registered Owner | Year | Color | License | State |
| Auto #1 - Make/Model | Registered Owner | Year | Color | License | State |

| Emergency Contact #1 | | | |
|------------------------------|---------------|---------------------------|------------------|
| Nearest Relative/Next of Kin | Relationship | Address, City, State, Zip | Phone () |
| Cell Phone () | Email Address | | |

| Emergency Contact #2 | | | |
|------------------------------|---------------|---------------------------|------------------|
| Nearest Relative/Next of Kin | Relationship | Address, City, State, Zip | Phone () |
| Cell Phone () | Email Address | | |

NON-REFUNDABLE CORPORATE APARTMENT OCCUPANT APPLICATION PROCESSING FEE \$75.00

In compliance with the FAIR CREDIT REPORTING ACT, this is to inform you that a credit investigation involving the statements made on this application for tenancy of this apartment community is being initiated. I further authorize **FPI Management, Inc.** to obtain credit reports, character reports and rental history as needed to verify all information put forth in this application. Management reserves the right to terminate at its election if any person knowingly or willingly makes fraudulent statements on this application. It is illegal and against our policy to discriminate against any person because of race, religion, color, sex, national origin or disability.

I understand that I acquire no rights in an apartment until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.

(Applicant)

Date