



Appalachian Management Service
8:30 a.m. – 5 p.m. EST, Monday – Friday
768 West King Street, Boone, NC 28607
828-262-1571 • www.app-mgt.com

Application for Residency

Please print, complete\*, sign and date this application to bring in with you.

This application is subject to change without notice. \*Please note application text fields can be completed interactively for users with Acrobat 8 and above.

Housing Unit: \_\_\_\_\_ Date of Application: \_\_\_\_\_
Lease Term: \_\_\_\_\_ to \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Social Security #: \_\_\_\_\_ Driver's License State & #: \_\_\_\_\_
E-mail address: \_\_\_\_\_

Present Address: \_\_\_\_\_ Current Landlord's Name: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Current Landlord's Phone: \_\_\_\_\_
Phone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Landlord's Name & Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Emergency Name & Address: \_\_\_\_\_
Emergency Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_

Current Employer: \_\_\_\_\_ How Long: \_\_\_\_\_
Address: (street, city, state, zip) \_\_\_\_\_
Annual Salary: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Guarantor's Name(s): \_\_\_\_\_
Address: (street, city, state, zip) \_\_\_\_\_
Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever been evicted or asked to move from a rental unit? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes\* \_\_\_\_\_ No \_\_\_\_\_
If yes, please explain: \_\_\_\_\_

\*If you have a drug related conviction, your application will not be considered.

Other tenants' names: \_\_\_\_\_

All other occupants over age 18 must fill out a separate application.
All tenants must have adequate credit, two years' previous landlord references and a full-time job, OR all tenants must have a guarantor that meets the credit requirements.

THE LANDLORD AGREES TO LEASE THIS PROPERTY IN COMPLIANCE WITH ALL STATE AND FEDERAL HOUSING LAWS, INCLUDING, BUT NOT LIMITED TO, ANY FEDERAL AND STATE LAWS AND REGULATIONS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS.

I certify that the information given herein is complete, true and correct. You are hereby expressly authorized, and I will assist you in verifying the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information you may require to evaluate this application. I agree that Appalachian Management Service and its authorized agents may periodically update me through various communication mediums. I have read and understand the Lease and all other provisions attached to the Lease. All forms become the property of the management agent and the owner and shall be kept confidential.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_