

OFFICE USE:

Please print using black or blue ink.

Management Company: Signature Management	Community Name: The Muse at Town Center	Agent's Name:	Application Date:
Application # (Apt. #)	Co-Resident:	Move-in Date:	Rental Amount / Deposit:

APPLICANT INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Full Name:	Sex:	Spouse Full Name:	Sex:
Social Sec.#:	Date of Birth:	Social Sec.#:	Date of Birth:
DL #:	State:	DL #:	State:
Verified:		Verified:	
Present Phone:		Present Phone:	
Email Address:		Email Address:	

RESIDENCY (TWO-YEAR HISTORY)

Present Address:	Apt. #:	Verified:	Spouse Present Address:	Apt. #:	Verified:
City:	State:	Zip:	City:	State:	Zip:
Move In Date:	Move Out Date:		Move In Date:	Move Out Date:	
Community Name:	Community Phone #:		Community Name:	Community Phone #:	
Previous Address:	Apt. #:		Previous Address:	Apt. #:	
City:	State:	Zip:	City:	State:	Zip:
Move In Date:	Move Out Date:		Move In Date:	Move Out Date:	
Community Name:	Community Phone #:		Community Name:	Community Phone #:	

BANKING

Current or Latest Bank:	Spouse Current or Latest Bank:
Checking Acct.#	Savings Acct.#

EMPLOYMENT / INCOME

Present Employer:	Phone #:	Present Employer:	Phone #:
Supervisor:	Phone #:	Supervisor:	Phone #:
Address:		Address:	
City:	State:	Zip:	City:
Position:	Length of Employment:		Position:
Monthly Gross Income:	Verified:	Monthly Gross Income:	Verified:
Previous Employer:	Phone #:	Previous Employer:	Phone #:
Supervisor:	Phone #:	Supervisor:	Phone #:
Address:		Address:	
City:	State:	Zip:	City:
Position:	Length of Employment:		Position:
Monthly Gross Income:	Verified:	Monthly Gross Income:	Verified:
Income from other sources:		Income from other sources:	

PERSONAL DATA

In case of emergency contact:	Relationship:	Contact #:	Email:
Is the above person authorized to remove and/or store all contents of dwelling/mailbox in the event of serious illness or death of resident?			Yes No
Have you or your spouse ever:	Been Evicted? Yes No	Broken a Rental Agreement? Yes No	Been Evicted of a Felony? Yes No
Will you or the other occupants have a pet?	Yes No	Kind: Dog Cat	
Sex: M F	Weight: Breed:	Age:	Name:

List all other occupants who will not sign the lease (under 18 years of age):

Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:

List all vehicles to be parked on the premises by applicant, spouse, or children (cars, trucks, recreational vehicles, motorcycles, boats):

Type of Vehicle:	Color:	Year:	License Plate #:	State:
Type of Vehicle:	Color:	Year:	License Plate #:	State:
Type of Vehicle: (maybe a charge)	Color:	Year:	License Plate #:	State:

MARKETING

How did you hear of this community?

APPLICATION AGREEMENT

This is to be signed below only if owner has not yet accepted applicants and co-applicants and if owner has not signed the lease contract. Each co-applicant, (co-resident), except for spouses, must sign a separate application and application agreement.

1. APPLICATION FEE (NOT REFUNDABLE). Applicant has delivered to owner's representative an "application fee" in the amount indicated below, which defrays the cost of administrative paperwork and is not refundable.
2. APPLICATION DEPOSIT (MAY OR MAY NOT BE REFUNDABLE). In addition to the above application fee (if any), applicant has delivered to owner's representative an "application deposit" in the amount indicated below. The application deposit is not a security deposit at this time. Your application deposit will be credited to the required security deposit upon approval of your application. If you or any co-applicant withdraws this application for any reason after the allotted amount of time (72 hours), the applicant deposit of all applicants can be retained by owner as liquidated damages and the parties will have no further obligations to each other. If your application is disapproved, the Application Deposit (but not the Application Fee) will be returned to you.
3. Signature Management Corporation and Silver Hill Thalia, LLC reserve the right to share any of the information contained in this Application with third-party debt collectors in an effort to collect any money owed by Applicant(s) to Silver Hill Thalia, LLC pursuant to this Application and/or any resulting Lease. Pursuant to the Telephone Consumer Protection Act of 1991, Applicant(s) consent to receive auto-dialed and/or pre-recorded telephone calls and/or text messages of the cellular telephone number(s) provided in this application from Silver Hill Thalia, LLC and any third-party debt collectors acting on behalf of Silver Hill Thalia, LLC and Signature Management Corporation in an effort to collect any money owed by Applicant(s) to Silver Hill Thalia, LLC and/or Signature Management Corporation pursuant to this Application and/or any resulting Lease.
4. RECEIPT.

Application Fee (not refundable)	\$ _____
Application Deposit (may or may not be refundable)	\$ _____
Total Monies received by owner on date below	\$ _____

The undersigned persons represent that all of the previous statements are true and complete and hereby authorize verification of such information. False information given previously shall entitle owner to (1) Reject this application, (2) Retain application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing the application, and (3) Terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the laws of state. Applicant authorizes Signature Management Corporation to access credit report and/or Criminal History Check for the approval of residency.

Signature of Applicant

Date

Signature of Applicant

Date

Agent's Signature

Date

FOR OFFICE USE ONLY

Applicant and co-residents were informed of approval or denial: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Informed:
Name of specific persons informed:	
Acceptance or rejection was relayed: <input type="checkbox"/> In-Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Letter <input type="checkbox"/> E-Mail	
Agent who informed applicant and co-residents:	