

TENANT APPLICATION

PLEASE PRINT LEGIBLY - ALL FIELDS REQUIRED

CAMPUS APARTMENTS - CEDAR CREEK - COLLEGE PARK
VARSITY COURT - VARSITY GATE
STADIUM CROSSING - UNIVERSITY VILLAGE

FULL LEGAL NAME:

PREFERRED NAME:

CELL PHONE NUMBER:

SCHOOL EMAIL:

SOCIAL SECURITY NO.:

DATE OF BIRTH:

PERMANENT ADDRESS:
(PARENT'S ADDRESS)

CITY, STATE, ZIP:

FATHER'S NAME:

FATHER'S PHONE NO.:

FATHER'S EMAIL:

MOTHER'S NAME:

MOTHER'S PHONE NO.:

MOTHER'S EMAIL:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE NO.:

EMERGENCY CONTACT RELATIONSHIP:

HOW DID YOU HEAR ABOUT US?:

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE. I UNDERSTAND THAT FALSE OR OMITTED STATEMENTS COULD BE A BASIS FOR CANCELLATION OF MY LEASE. I FURTHER AUTHORIZE VARSITY/COLLEGE PROPERTIES TO VERIFY AND/OR INVESTIGATE THE INFORMATION GIVEN ABOVE. (NOTICE: EACH LEASE MUST HAVE AT LEAST ONE (1) U.S. RESIDENT/CITIZEN WITH A PERMANENT U.S. ADDRESS).

SIGNATURE OF APPLICANT:

DATE: