**Schroeder Apartments Registration Form**

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| **APPLICATION INFORMATION** | | | | | |
| Name: Name | Date of Birth: Date of Birth | | SS #: Social Security # | | |
| Phone: Phone | Current Address: Current Address | | City: City | | |
| State: State | Zip Code: Zip Code | | Own or Rent: | How long?: How Long? | |
| Current Monthly Payment or Rent: Monthly Payment or Rent |  | |  | | |
| **EMPLOYMENT INFORMATION** | | | | | |
| Current Employer: Current Employer. | Employer Address: Employer Address | | How long? Employment How Long? | | |
| Email: Employer Email | Phone: Employer Phone | |  | | |
| City: Employer City | State: Employer State | | Zip Code: Employer Zip | | |
| Position: Work Position | Hourly: Hourly | Salary: Salary | Annual Income: Annual Income | | |
| **EMERGENCY CONTACT** | | | | | |
| Name of Person NOT living with you:  Nearest person contact info. | Address:  Nearest person address. | | City:  Nearest person City. | | |
| State:  Nearest person State. | Zip Code:  Nearest person Zip. | | Phone:  Nearest person phone. | | |
| **CO-APPLICANT (if living at this apartment)** | | | | | |
| 2nd Name:  2nd person name Click here to enter text. | 2nd Date of Birth: 2nd person date of birth | | 2nd SS#:  2nd person social security #. | | |
| 2nd Phone: 2nd person phone | 2nd Current Address: 2nd person current address birth | | 2nd City: 2nd person city | | |
| 2nd State: 2nd person state. | 2nd Zip Code:2nd person zip. | | 2nd Own or Rent: | | 2nd How Long?:  How long?. |
| 2nd Current Monthly Payment or Rent:  2nd person Payment or Rent. |  | |  | | |
| **REFERENCES (One being your current landlord)** | | | | | |
| 1st Name of Reference:  1st Reference Name. | 1st Address of Reference:  1st Reference Address. | | 1st Phone of Reference:  1st Reference phone. | | |
| 2nd Name of Reference:  2nd Reference Name. | 2nd Address of Reference:  2nd Reference Address. | | 2nd Phone of Reference:  2nd Reference Phone. | | |
| 3rd Name of Reference:  3rd Reference Name. | 3rd Address of Reference:  3rd Reference Address. | | 3rd Phone of Reference:  3rd Reference Phone. | | |
| **PERSONAL INFORMATION** | | | | | |
| Do you smoke?: | Do you have a pet?: | | Name of People living here: | | |
| I authorize the verification of the information provided on this form as to my credit and employment. | | |
| Signature of Applicant:  Signature of Applicant. | | | Date:  Click here to enter a date. | | |
| Signature of 2nd Applicant:  Signature of 2nd Applicant. | | | Date:  Click here to enter a date. | | |

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