**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** |
| 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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