

ATKINSON TOWERS, INC.

APARTMENT: #

APPLICATION FOR RESIDENCY

(Please Print Clearly)

NAME	FIRST	MIDDLE	LAST	SOC. SEC.#	PRESENT PHONE
(1)					

PRESENT ADDRESS	Street	Apt.#	CITY	STATE	ZIP CODE
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EMPLOYMENT INFORMATION (If retired, list previous occupation or profession)

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	PHONE
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POSITION HELD	HOW LONG EMPLOYED	SUPERVISOR
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LIST OF PERSONS RESIDING WITH YOU

If/when changes occur, notify Manager. Any additions must be interviewed & approved by Manager.

NAME	FIRST	MIDDLE	LAST	SOC. SEC.#	PRESENT PHONE
(2)					

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	BUS. PHONE
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NAME	FIRST	MIDDLE	LAST	SOC. SEC.#	PRESENT PHONE
(3)					

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	BUS. PHONE
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REFERENCES: (Local Preferred)

NAME	ADDRESS	CITY	STATE	OCCUPATION	PHONE
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NAME	ADDRESS	CITY	STATE	OCCUPATION	PHONE
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VEHICLE/CAR (MAKE)	YEAR	MODEL	COLOR	LICENSE	STATE	STALL NO.
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EMERGENCY INFORMATION (Repeat name of occupant in same sequence as above.)

NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
(1)				

PERSONS TO NOTIFY: NAME	COMPLETE ADDRESS	PHONE: HOME	BUSINESS
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NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
(2)				

PERSONS TO NOTIFY: NAME	COMPLETE ADDRESS	PHONE: HOME	BUSINESS
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NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
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I/we understand that occupancy is limited to those whose names are listed here/or on supplemental applications. The Atkinson Towers' management must approve all applicants prior to occupancy. Short-term guests must be registered with the resident manager prior to occupancy.

The undersigned applicant agrees to notify the Maintenance Manager and request an assignment of an elevator to move in or out of the building at least 48 hours prior to move. Arrangements will be made for parking movers at that time.

The undersigned applicants are aware that there is **NO** guest parking available and any violators will have their cars/vehicles towed away at the owner's expense without notice. Manager assigns use of any parking area during office hours for service people.

In case of illness or injury and an ambulance is needed, the Association (Atkinson Towers, Inc.) or a representative will not be held responsible for payment of this service.

The undersigned and all occupants are aware that there is a \$100.00 charge for any lost security key, which must be reported immediately to Manager.

Security is every resident or guest's responsibility. Allow no one access to the lobby, elevator, pool deck, or any floor unless the person is a known current resident or person showing their security key. Always be sure all exist doors are securely shut.

The undersigned has read and understands the House rules and agrees to abide by them. It is also acknowledged that any breach of these House Rules is grounds for fine(s), and/or legal action.

The undersigned Applicant(s) authorizes the Rental Agent and/or Landlord to contact past and present landlords, employers, creditors, credit bureau, neighbours, and any other sources deemed necessary to investigate applicant(s).

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Tenant (s) Name

Signature

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Agent/Landlord Name

Walt Flood Realty (Walter W. Flood, PB/Rental Agent

_____ Date: _____