

**Quail Ridge Apartments**  
**309 Helm Lane**  
**Sulphur Springs, TX 75482**

**Applicant Information**

Name:		Email:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Have you ever been convicted of a felony? If yes, explain:			
Were you referred?      If yes, by whom:			
Do you have a pet? Yes No (Please circle) If yes, description:			
Resident 1:	Date of birth:	SSN:	
Resident 2:	Date of birth:	SSN:	
Resident 3:	Date of birth:	SSN:	
Resident 4:	Date of birth:	SSN:	

**Employment Information**

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Income:	

**Emergency Contact**

Name of a person not residing with you:	Phone:
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**Co-applicant Information**

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	How long?	
Have you ever been convicted of a felony? If yes, explain:			

**Co-applicant Employment Information**

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Income:	

**References**

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I acknowledge that all monies paid in connection with submission of this application ("Funds"), including but not limited to any application fee, administration fee, or security deposit, are nonrefundable and will not be returned under any circumstances. Specifically, I understand that if I : a) change my mind, and decide not to move in to the apartment for which I am applying OR b) my application for residency is denied due to any misinformation provided by me in the application, I will not be entitled to receive any funds back whatsoever.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Quail Ridge Apartments  
309 Helm Lane, Sulphur Springs TX  
Phone: 903-885-4231  
Fax: 732-363-9104

**RENTAL VERIFICATION REQUEST**

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apartment Community or Landlord's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Resident's authorization signature: \_\_\_\_\_

.....**Landlord to fill out**.....

Dates Rented: From \_\_\_\_\_ to \_\_\_\_\_

Rent Amount: \_\_\_\_\_ per month

Gave proper notice? Yes \_\_\_\_\_ No \_\_\_\_\_

Paid on time? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of late payments \_\_\_\_\_

Is there a balance owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Balance \_\_\_\_\_

Any damages done to the Apartment? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Would you re-rent? Yes \_\_\_\_\_ No \_\_\_\_\_ Was the resident evicted/skipped? Yes or No

Additional Comments \_\_\_\_\_

\_\_\_\_\_

Please fax this completed form back to (732) 363-9104.  
Thank you for your time.