

# APPLICATION FOR RESIDENCY

## Spartan Student Housing Application

### Please Print In Ink

Start Date: \_\_\_\_\_

Program: \_\_\_\_\_ Flight \_\_\_\_\_ Tech \_\_\_\_\_

Date form completed: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

**PROCESSING FEES:** In order to process your application and prepare your lease documents, you agree to pay the following fees when you submit this application for review:

**Housing Fee: \$ 150.00 - Make check payable to Spartan College.**

You may, in writing, cancel the lease within five (5) days after Execution of the Lease by applicant (the "Lease Cancellation Date") unless you have taken possession of the Premises. If you give Landlord written notice of your cancellation on or before the Lease Cancellation Date, we will refund to you the security deposit but not the application fee. If you attempt to cancel the Lease after the Lease Cancellation Date, you will be in violation of the Lease and fully responsible for all of the terms of the Lease including all rental payments, application fee and Security Deposit and apply it to any amounts you owe under the Lease pursuant to the terms of your Lease.

### **Student Information:**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and State or government issued photo ID: \_\_\_\_\_

Birth date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Current Address (where you are living now): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone number at current address: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No (Conviction of a felony will not necessarily disqualify you to reside at Spartan Landing Apartments).

### **AUTHORIZATION:**

I authorize, **Spartan College of Aeronautics and Technology**, to verify the above information by all available means including credit reporting agencies. Owner is not required to re-verify or investigate preliminary findings.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guarantor for student :** \_\_\_\_\_ (Guarantor must be over 21 years of age)

Guarantor's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Driver's License Number and State or government issued photo ID: \_\_\_\_\_

Current Address (where you are living now): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone number at current address: \_\_\_\_\_

### **YOUR WORK:**

Present Employer: \_\_\_\_\_

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

Monthly Income: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Supervisor's name and phone number: \_\_\_\_\_

### **AUTHORIZATION:**

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**Guarantor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_