



Appalachian Management Service
8:30 a.m. - 5 p.m. EST, Monday - Friday
768 West King Street, Boone, NC 28607
828-262-1571 • www.app-mgt.com

Application for Residency

Please print, complete*, sign and date this application to bring in with you.

This application is subject to change without notice. *Please note application text fields can be completed interactively for users with Acrobat 8 and above.

Housing Unit: _____ Date of Application: _____
Lease Term: _____ to _____ Date of Approval: _____

Full Name: _____ Date of Birth: _____
Social Security #: _____ Driver's License State & #: _____

Present Address: _____ Current Landlord's Name: _____
City, State, Zip: _____ Current Landlord's Phone: _____
Tenant's Cell: _____ Dates of Residency: _____
Tenant's Email: _____

Permanent Address: _____ Landlord's Name & Phone: _____
City, State, Zip: _____
Emergency Name & Address: _____
Emergency Phone: (H) _____ (O) _____

Current Employer: _____ How Long: _____
Address: (street, city, state, zip) _____
Annual Salary: _____ Phone: _____ Position: _____

Guarantor's Name(s): _____
Address: (street, city, state, zip) _____
Phone: (H) _____ (O) _____ Fax: _____ Email: _____

Have you ever been evicted or asked to move from a rental unit? Yes _____ No _____
If yes, please explain: _____

*Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____
Are you on probation? Yes _____ No _____
If yes, please explain: _____

If a student: when will you graduate? _____
Other tenants' names: _____

All other occupants over age 18 must fill out a separate application.
All tenants must have adequate credit, two years' previous landlord references and a full-time job, OR all tenants must have a guarantor that meets the credit requirements.

THE LANDLORD AGREES TO LEASE THIS PROPERTY IN COMPLIANCE WITH ALL STATE AND FEDERAL HOUSING LAWS, INCLUDING, BUT NOT LIMITED TO, ANY FEDERAL AND STATE LAWS AND REGULATIONS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS.

I certify that the information given herein is complete, true and correct. You are hereby expressly authorized, and I will assist you in verifying the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information you may require to evaluate this application. I agree that Appalachian Management Service and its authorized agents may periodically update me through various communication mediums. I have read and understand the Lease and all other provisions attached to the Lease. All forms become the property of the management agent and the owner and shall be kept confidential.

APPLICANT'S SIGNATURE: _____ Date: _____

How did you hear about us? Newspaper Craiglist Off-campus housing Our website Sign on building
Facebook Google Word of mouth AppalCART