APPLICATION RECEIPT AGREEMENT

A non-refundable application fee of the application, and is being paid he property before the Application capproved they herewith agree to pu	erewith. This A an be conside	Application Rered by Man	Receipt Agreement agement. The un-	t must be s	igned by all	adults who v	vill occupy the
ADDRESS: Applicant(s) further agree that if A premises, then all monies paid here turned away and it will be necessa Application shall be timely as poss agree to pay the balance of fund Applicant(s) have decided to for Applicant(s) are not approved, all n	with shall be reary for Manage sible and the results and complete feit the reservent.	retained as licement to re-acceptate the paper vation/earness	quidated damages advertise the prop delivered via tele work within 48 l t money paymen	since other erty and e ephone, fa- nours, other t and wil	r prospective valuate othe x or mail. On erwise, Man l begin re-r	e purchases r r applicants. nce approved agement will narketing the	nay have been Processing of I, Applicant(s) Il assume that e property. If
A PHOTOSTAT COPY OF MY SECURITY CARD(S), LATEST INCOME TAX RETURN(S) ARE that the Application is complete, treather the credit or personal information time, for the purposes of entering is authorize Management or their Au creditors, present or former landlore at any time in the future, with reggrounds for rejection of the Applic in reliance upon misinformation gives INWE HAVE BEEN PROVIDED A CEMANAGEMENT UNTIL APPLICA	PAY CHECK ATTACHED rue and correct of any of the nto and continuthorized Agends, employers agard to any agration, or Manaven on the App	STUB(S) AD TO THE ADDITIONAL TO THE ADDITIONAL TO THE ADDITIONAL T	AND LAST YEA PPLICATION [herewith give my Applicant(s) to M or collect on any all application inf references, wheth red into with Ma be at any time in TION RECIEPT A ON AND ANY MO	RS W-2(S], OR WII (our) perr Management of agreemer formation are listed of anagement amediately	D) OR COPY LL BE PRO' mission for a ant and their at and/or creatingly but r not, at the to Any false is r terminate a	Y(IES) OF L VIDED []. nyone contact Authorized A lit extended. t not limited ime of the A nformation on my Agreement	AST YEARS I (we) declare cted to release Agents, at any I (we) further to contacting pplication and will constitute int entered into
Signed:			Date:				
Applicant (Print Name):			Social Sect	urity Numl	oer:		
Signed:			Date:				
Applicant (Print Name):	Social Security Number:						
Do I	Not Write Belo	ow This Line	– To Be Filled O	ut By Man	agement		
Receipt of \$	for	rm Applicant	(s) is herewith acl	knowledge	d.		
	, As	s Agent					
			Managemei	nt Compar	ıv		Date