

FILLABLE PDF FORM: YOU MAY FILL OUT THE FORM ON YOUR COMPUTER AND PRINT IT OUT OR YOU CAN PRINT IT OUT AND FILL IT IN BY HAND. PLEASE EMAIL TO INFO@PEPPERMILLAPTS.COM

Apt Number: _____ Primary Tenant:(1) _____ Secondary Tenant (2) _____

Number of Occupants: ____ Current Address: _____

Reason for Moving: _____

Date of Birth: (1) _____ (2) _____ Phone Number: (1) _____ (2) _____

Email Address (1) _____ (2) _____

Soc Sec #: (1) _____ (2) _____ Drivers License/ ID:(1) _____ (2) _____

Yes No Do you keep a vehicle? Make/model: _____

Yes No Do you smoke? Non-smoking policy is strictly enforced by eviction.

Yes No Do you smoke Marijuana? If you have a medical necessity, please bring documentation to appointment.

Yes No Have you been convicted of a Crime? If yes, please describe _____

Yes No Have you ever declared Bankruptcy? If yes, please describe _____

Yes No Ever been Evicted? If yes, please describe _____

Yes No Do you have Health Insurance? If yes, please specify _____

Yes No Are you disabled? If yes, do you require any special type of equipment or accommodation? _____

Yes No Do you require convalescent care? If yes, describe: _____

Yes No Are you presently employed? If yes, please provide name, address, and phone number of work place: _____

Yes No Are you retired?

Yes No Do you have a pet? If so, please describe breed, age and weight _____

Yes No Is the pet an emotional support animal? If so, please bring documentation to appointment

TOTAL MONTHLY INCOME: Do you receive any of the following:

Yes No Salary Income?: If yes, how much per month \$ _____

Yes No Social Security?: If yes, how much per month \$ _____

Yes No Pension? If yes, how much per month \$ _____

Yes No Any Subsidy? If yes, please describe and how much per month. _____

Yes No Other income: If yes, please describe and how much _____

Total Monthly Income: \$ _____ Please bring income verification documentation to your appointment

I attest to the above information as to the best of my knowledge and I understand the above information will serve only as a tool between me and the Landlord or Complex Manager and other any authorized officials to approve my/our occupation in the residence establishment.

Primary Tenant

Landlord or Complex Manager

Tenant 2 (If Applicable)