

To: Prospective Lessees

From: Astoria Condominiums
Moarefi Management Solutions (MMS)

Subject: Application for Residency

Date: 4/5/2018

1. The attached application form must be completed and signed by the applicant(s). If the Lessee is an individual, all such individuals who intend to reside in the unit must complete the application form. If the Lessee is a partnership, trust, corporation, or other business entity, then the application form must be completed by (i) the partner(s), beneficiary(ies), shareholder(s), or other beneficial owner(s) of such business entity who own at least 51% ownership interest in such partnership, trust, corporation, or other business entity, and (ii) the individual who shall reside in the unit, if different than one of the foregoing individuals.
2. A three hundred dollar (\$300.00) application fee, payable to the Astoria Condominiums, must accompany the application form. This fee covers one applicant only. For every additional applicant/occupant 18 years of age or older, an additional one hundred (\$100) application fee must accompany the application form. These are non-refundable fees which is used for processing the application and engaging the services of a professional firm specializing in thorough background and credit history reporting. This process typically takes a minimum of one week.
3. A one hundred and fifty dollar (\$150) orientation fee, payable to the Astoria Condominiums, must accompany the application form. This fee will not be processed until you received confirmation of application approval. In case of application rejection, this fee will be refunded.
4. All information on the application form and background/credit history reports shall remain confidential.

Please feel free to call the Astoria management team at 713-341-9852 if you have any questions.

I have read the above and understand that the application processing fee is non-refundable.

Applicant	Co-Applicant/Occupant (18 years of age or older)	Residence No.
	Co-Applicant/Occupant (18 years of age or older)	
	Co-Applicant/Occupant (18 years of age or older)	

APPLICATION FORM

PROSPECTIVE LESSEE(S) FULL NAME(S): _____

PROSPECTIVE RESIDENT(S) FULL NAME(S) _____

(If Lessee is not an individual) _____

DATE: _____

Please complete this form carefully and thoroughly. Each co-applicant must submit the requested information. If the Purchaser or Lessee is an individual, all such individuals who intend to reside in the unit must complete this form. If the Purchaser or Lessee is a partnership, trust, corporation, or other business entity, this form must be completed by (i) the partner(s), beneficiary(ies), shareholder(s), or other beneficial owner(s) of such business entity who own at least 51% ownership interest in such partnership, trust, corporation, or other business entity, and (ii) the individual who shall reside in the unit, if different than one of the foregoing individuals.

Name of applicant: _____

Children? _____ Yes _____ No If yes, list ages _____

Present address: _____ Rent or Own _____ How long? _____

Check one: _____ House _____ Highrise _____ Condo/Townhouse _____ Apartment

_____ Other Reason for leaving _____

Previous address: _____ Rent or Own _____ How long? _____

Check one: _____ House _____ Highrise _____ Condo/Townhouse _____ Apartment

_____ Other Reason for leaving _____

Name and phone number of above Owner(s)/Manager(s): Present _____ Previous _____

Name of co-applicant: _____

Children? _____ Yes _____ No If yes, list ages: _____

Present address: _____ Rent or Own _____ How long? _____

Check one: _____ House _____ Highrise _____ Condo/Townhouse _____ Apartment

_____ Other Reason for leaving _____

Previous address: _____ Rent or Own _____ How long? _____

Check one: _____ House _____ Highrise _____ Condo/Townhouse _____ Apartment

_____ Other Reason for leaving _____

Name and phone number of above Owner(s)/Manager(s): Present _____ Previous _____

APPLICANT:

Driver's license No. _____ State _____

Date of Birth: _____

Social Security No. _____

Date of birth _____

Home phone _____

CO-APPLICANT:

Driver's license No. _____ State _____

Date of Birth: _____

Social Security No. _____

Date of birth _____

Home phone _____

EMPLOYMENT HISTORY:

PRESENT:

Employer _____

Profession _____

Supervisor _____

Phone _____ Years _____

Address _____

_____ Zip _____

EMPLOYMENT HISTORY:

PRESENT:

Employer _____

Profession _____

Supervisor _____

Phone _____ Years _____

Address _____

_____ Zip _____

PREVIOUS (IMMEDIATELY PRIOR):

Employer _____

Profession _____

Supervisor _____

Phone _____ Years _____

Address _____

_____ Zip _____

PREVIOUS (IMMEDIATELY PRIOR):

Employer _____

Profession _____

Supervisor _____

Phone _____ Years _____

Address _____

_____ Zip _____

APPLICANT:

PERSONAL REFERENCES (Name and Address):

Phone Number

1. _____
2. _____
3. _____

CO-APPLICANT:

PERSONAL REFERENCES (Name and Address):

Phone Number

1. _____
2. _____
3. _____

OCCUPANTS:

Please list all persons who will be occupying the premises, including children, relatives and other occupants.

1. Name _____ Age _____ Relationship _____
2. Name _____ Age _____ Relationship _____
3. Name _____ Age _____ Relationship _____
4. Name _____ Age _____ Relationship _____

PETS:

The Pet Policy restricts pets on premises to unit owners only and includes certain rules and restrictions which must be observed. If you intend to have a pet, please read the policy thoroughly and provide the following information:

Will you or other occupants have a pet? _____ Yes _____ No Kind _____

Breed _____ Weight _____ Color _____ Age _____

VEHICLES:

Type of vehicle _____ Year _____ License No. _____ State _____

Type of vehicle _____ Year _____ License No. _____ State _____

OTHER:

Please answer "Yes" or "No":

	Applicant		Co-Applicant	
A. Have you ever been evicted?	Yes	No	Yes	No
B. Have you ever been sued for non-payment of rent or damages?	Yes	No	Yes	No
C. Have you ever been convicted of a felony?	Yes	No	Yes	No
D. Do you have any outstanding judgments against you?	Yes	No	Yes	No
E. In the last ten years, have you declared bankruptcy?	Yes	No	Yes	No
F. Are you now a party in a lawsuit?	Yes	No	Yes	No
G. Have you had property foreclosed upon?	Yes	No	Yes	No
J. If you answered "Yes" to any of the above, please explain in an attached confidential letter.				

CORRECT INFORMATION:

The undersigned represent(s) that all of the above statements are true and correct and hereby authorize(s) the Owner to verify such information and provide any such information to the seller or lessor.

Signature _____

Date _____

Signature _____

Date _____

OFFICE USE ONLY:

Information verified by _____

Date _____

Expected closing date of applicant(s): _____