

## OCCUPANT INFORMATION FORM

Apartment Number:		Date:			
Name:					
(First)		(Middle)		(Last)	
Relationship to Resident:			Social Securit	ity Number:	
Birth Date:	Phone Number:	none Number: Email:			
Vehicle Information – Make:	Model:	Color:	Year:	License:	
If Student, what year:		Name	e of School:		
Employer:			Title:		
Current Address:					
(Street Permanent Address:	)			(Town, State & Zip)	
Give Past Two Residences – 1)	)	2)		(Town, State & Zip)	
Place of Birth:	Mother's Maiden Name:				
In case of emergency, please notify:					
Phone number:	Relationship to Occupant:				
Address:					
2. Have you ever been convicted or plea conviction)?  Certification/Notification: Applicant r background records. In addition to the f acknowledges that false information her constitute a criminal offense under the la including criminal records may be made I authorize, without reservation, any part and agree to the provisions as stated. This application for occupancy is prelim keys.  II. OCCUPANT RESPONSIBILITIE I understand that by being listed as an ocinformation regarding the account will n	ded guilty or "no con epresents that all of the oregoing, applicant(s) ein may constitute grows of the state. Further, by or agency contacted in any only and does not be released to me comages to the apartment of the contact of the	e above statements ar has paid the sum of \$ unds for refusal of the ermore, applicant und by HHHunt/Foxridge of obligate the owner at I have no financial of discussed with me.	charges to a felony charges to a misden e true and complete 35 as a non-refundate application, termin derstands that an inverse and Hethwood Apor owner's agent to responsibility to Fow When vacating the	Town, State & Zip)  (whether or not resulting in a conviction)?  meanor offense other than traffic violations (whether or not resulting in a lease, and hereby authorizes verification of the above information, reference an lable fee for costs and expenses for processing of the application. Applicant anation of right of occupancy and/or forfeiture of administrative fees and may exestigative consumer report including information about personal character partment Homes to provide the above-mentioned information. I have read a execute a lease, deliver possession of the proposed premises or release exercise and Hethwood Apartment Homes. Since I am not a leaseholder, apartment, I understand I will not be held responsible by Foxridge and rity deposit, I understand I will not receive any type of reimbursement from	
Signature of Occupant				Revised 4/22/15	

Foxridge and Hethwood Apartment Homes 750 Hethwood Blvd, #100G Blacksburg, VA 24060 (540) 951-1221 or (800) 525-3432 – Voice (540) 951-9302 – Fax www.FoxridgeLiving.com

