

**Southgate Apartments**  
**7860 South Citori Dr**  
**Sandy, UT 84070**  
**801-233-9200**

Apartment Number: \_\_\_\_\_  
 Monthly Rent: \_\_\_\_\_ Pro Rate: \_\_\_\_\_  
 Water/Sewer: \_\_\_\_\_  
 Move In Date: \_\_\_\_\_  
 Deposit paid: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lease Term: \_\_\_\_\_ Apartment Size: \_\_\_\_\_

**Personal Information:**

Name of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

**Other Household members, including Children who may live with you full or part time.**

Name	Date of Birth	Social Security Number	Relationship

**Employment Information:**

Present Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly/Weekly Gross Wages \_\_\_\_\_ *verified by:* \_\_\_\_\_

Former Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly/Weekly Gross Wages \_\_\_\_\_ *verified by:* \_\_\_\_\_

**Landlord Information:**

Current Landlord \_\_\_\_\_ Telephone No. \_\_\_\_\_

Current Address \_\_\_\_\_ How Long \_\_\_\_\_ *verified by:* \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Telephone No. \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_ *verified by:* \_\_\_\_\_

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**Automobile Information:**

Drivers License Number	State	Expiration Date
Make of Automobile	Year/Color	License Plate Number

**Emergency Information:**

In the event of an emergency, name a person to notify and the person you will want responsible for your personal property.

Name	Relationship
Address	Phone Numbers(Home/Work)

How did you hear about Southgate Apartments?  
If you were referred, by whom? Apartment Number?

- Occupants applying for this apartment require a fully accessible apartment home.
- Occupants applying for this apartment do not require a fully accessible apartment home.

A Deposit in the sum of \$\_\_\_\_\_ is given to Southgate Apartments with the is made herewith as consideration for the owner's representative's promise to hold this apartment for occupancy by applicant(s). This deposit is refundable if the application is not approved by management or cancelled by applicant within 72 hours of receipt of deposit. It is understood that this application is subject to the approval of the owner's representative based on a review of the information on this application, and other information concerning the credit history and ability to pay of the proposed occupant(s) and information concerning whether the proposed occupant(s) have any record of having been convicted of a felony offense.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation lease in usual form, a copy of which the applicant has had the occasion to examine, which lease may be determined by the lessor if any statement herein is incomplete or not true.

The undersigned authorizes management to contact any references listed, including past and present landlords, employers and obtain a current credit check and criminal history.

All persons will be treated fairly and equally without regard to Race, Color, Religion, Sex, Handicap, Familial status or National Origin in compliance with the Fair Housing Act.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

**Equal Housing Opportunity**

August 3, 2006