

Housing Application

1. Please submit your housing application to Sanctuary Suites along with the following fees:

Refundable security deposit: \$600

The security deposit/holding fee is refundable before your lease is signed and will then be held by management for the term of the lease.

2. Accommodations are limited and will be leased on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the lease agreement by all parties. Rates subject to change.

3. For information or assistance in completing this application, please contact our office at 619.487.0245

Applicant Information

Name: _____
(LAST NAME) (LOCAL FIRST NAME) (MIDDLE NAME)

Current Local Address: _____
(STREET) (CITY) (STATE) (ZIP)

Permanent Address: _____
(STREET) (CITY) (STATE) (ZIP)

Cell Phone: (____) _____ Other Phone: (____) _____

Email Address: _____

Male Female Date of Birth: ____ / ____ / ____

Complete one of the following: Drivers License/State ID #: _____ State: _____ Passport #: _____

Complete one of the following: Social Security #: _____ Visa #: _____
 I-20 SEVIS ID #: _____

Are you a student? Yes No If yes, what university: _____

Student ID# : _____

Fall 2020 Classification: Freshman Sophomore Junior Senior Graduate Major: _____

Please choose which option currently best describes you:

- On-Campus Resident Off-Campus Resident Commuter/Live at Home Community College Student
 Off-Campus Resident Apt Community Incoming Freshman
 Off-Campus Resident House Incoming Transfer Student

Have you ever been evicted from any residence? Yes No Reason: _____

Have you ever filed bankruptcy? Yes No If yes, when: _____

Occupant Information

Please list additional occupants below (if applicable).

LAST NAME:	FIRST NAME:	RELATIONSHIP:	AGE:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Guarantor Information (if applicable)

Name: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Cell Phone: (_____) _____ Other Phone: (_____) _____

Email Address: _____ Drivers License/State ID #: _____ State: _____

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ Passport #: _____

Has the guarantor ever filed bankruptcy? Yes No If yes, when: _____

Gross Annual Income: \$ _____

Emergency contact other than guarantor: _____ Cell Phone: (_____) _____

Parking/Vehicle Information

Will you need parking? Garage Parking: \$65 per month No Parking

Vehicle Make: _____ Model: _____

License Plate Number: _____ Year: _____

Floor Plan Selection

- | | | |
|---|---|---|
| <input type="checkbox"/> 2 Bed - 1 Bath | <input type="checkbox"/> 2 Bed - 2 Bath | <input type="checkbox"/> 3 Bed - 3 Bath |
| | <input type="checkbox"/> Single Occupancy | <input type="checkbox"/> Single Occupancy |
| | <input type="checkbox"/> Double Occupancy | <input type="checkbox"/> Double Occupancy |

Text Message Alerts

_____ By initialing in the space provided, Applicant provides his/her express consent authorizing Sanctuary Suites to send Applicant text messages regarding community events, rent payments, property operations and leasing, delivered via automated technology, to the wireless number(s) that Applicant has provided above. Applicant understands that his/her consent is not required to rent from Sanctuary Suites. In order to receive the offered services without providing consent, please visit www.AmericanCampus.com.

_____ By initialing in the space provided, Applicant represents that he/she is 18+ years of age and that Applicant has read and agreed to the Terms of Use and Privacy Policy available at www.AmericanCampus.com. Message and data rates may apply. Applicant may receive approximately ten (10) messages per month. Reply HELP for help. Reply **STOP** to cancel.

Acknowledgment

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; (2) we will retain all processing fees and deposits as liquidated damages for time spent and expenses; (3) we will terminate any right to lease the apartment; and (4) if you have signed a lease, it will be a violation of the lease.

By my signature I attest that the information contained herein is correct. The management is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this lease application. This application will be approved upon satisfactory background check.

The landlord is prohibited from requiring disclosure, asking about, rejecting an applicant, or taking an adverse action based on any arrest record, conviction record, criminal history, except for registry information as described in subsection 14.09.025.A.3, subsection 14.09.025.A.4, subsection 14.09.025.A.5, and subject to the exclusions and legal requirements in section 14.09.115. Management does not accept any portable tenant screening results.

Applicant Signature: _____ Date: _____

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