



### OCCUPANT INFORMATION FORM

Apartment Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to Resident: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

If Student, what year: \_\_\_\_\_ Name of School: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Street) (Town, State & Zip)

Permanent Address: \_\_\_\_\_  
(Street) (Town, State & Zip)

Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

In case of emergency, any serious medical/allergy information: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to Occupant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Town, State & Zip)

#### **I. CRIMINAL HISTORY**

1. Have you ever been convicted or pleaded guilty or "no contest" to a felony (whether or not resulting in a conviction)? \_\_\_\_\_
2. Have you ever been convicted or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? \_\_\_\_\_

**I authorize HHHunt/Foxridge Apt. Homes to do a criminal background check in conjunction with my Occupant Information Form. I authorize, without reservation, any party or agency contacted by HHHunt/Foxridge Apt. Homes to furnish the above-mentioned information. I understand it may take longer than 72 hours to accept my Temporary Occupant Form due to the criminal background check. I also understand that my Temporary Occupant Form may be denied because of the information obtained from the criminal check. I agree to the \$25.00 non-refundable administrative charge for the qualification of my Temporary Occupant Form.**

#### **II. OCCUPANT RESPONSIBILITIES**

I understand that by being listed as an occupant in an apartment I have no financial responsibility to Foxridge Apartment Homes. Since I am not a leaseholder, information regarding the account will not be released to me or discussed with me. When vacating the apartment, I understand I will not be held responsible by Foxridge Apartment Homes for any damages to the apartment. Since I am not required to pay a security deposit, I understand I will not receive any type of reimbursement from Foxridge Apartment Homes when I move out.

\_\_\_\_\_  
Signature of Occupant

Revised 06/05/07