BRANCHES II, LLC PO BOX 3025 PIKEVILLE, KENTUCKY 41502 TELEPHONE: 606-899-8130

FAX: 606-433-9740

APPLICATION FOR RESIDENCY

Apt. Type 1 bdrm	2 bdrm	Tenant Preferred Moving in Date					
PERSONAL INFORMATION							
PLEASE PRINT							
Applicant's Full Name		Phone:					
Date of Birth	Sex (M)	(F)Marital Status					
Email		_ Social Security No					
Driver's License No	(State & No	0.)					
Spouses Name (Maiden)		Date of Birth					
Spouse's Soc. Sec. No	(State & No	Driver's License No.					
List name, age & relationship	of other persons	ns occupying premises:					
Name		_AgeRelationship					
Name		_AgeRelationship					
In case of emergency notify (someone not livi	ving with you)					
Address		Phone No					
City		Relationship					
Have you ever been arrested?	?	If so, reason					

RESIDENCE INFORMATION Present Address: Street Apt# City State Zip Community Name, Landlord Or Mortgage Holder: _____ Name City State Monthly Payment \$ _____ Length of Residence _____ Lease Expires _____ Reason for Moving Have you ever been evicted from an apartment or broken a rental agreement?_____Where?____ EMPLOYMENT INFORMATION Employer _____ Address ____ Street City/State Position _____ Supervisor ____ How long at this job?____ Supervisor's Work No. Monthly Income? Do you have any children not living with you that you pay child support for? Yes No If yes, how much per month do you pay? _____ Do you pay any maintenance or alimony to your former spouse? Yes ____ No___ If yes, how much per month do you pay? ____ Previous Employer _____ Address ____ Position How long? Phone at Work _____ Reason for Leaving? _____ Spouse's Employer: _____ Address: ____ Position _____ How long? _____ Phone at Work _____ Reason for Leaving? _____

REFERENCES								
(Not fa	amily or employers)							
	Name	Address		Phone Number				
	Name	Address		Phone Number				
	Name	Address		Phone Number				
		GUARAN'	FOR SECTION					
Guara	ntor Name		Date of Birth					
Guara	ntor Soc. Sec. No	(State & No.)	Driver's License No.					
	(Signature of	f Applicant)						
After	completion please retu	urn application:						
Email	: info@thebranchlivir	ig.com						
Fax:	606-433-9740							
Mail:	Branches II, LLC P. O. Box 3025 Pikeville, Kentucky	41502						

Any questions please call Cpy qp{ at 606-899-8130