

**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**

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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.)

Spouses Name (Maiden) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Soc. Sec. No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
(State & No.)

List name, age & relationship of other persons occupying premises:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency notify (someone not living with you) \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If so, reason \_\_\_\_\_



**REFERENCES**

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(Not family or employers)

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

**GUARANTOR SECTION**

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Guarantor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guarantor Soc. Sec. No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
(State & No.)

\_\_\_\_\_  
(Signature of Applicant)

After completion please return application:

Email: [info@thebranchliving.com](mailto:info@thebranchliving.com)

Fax: 606-433-9740

Mail: Branches II, LLC  
P. O. Box 3025  
Pikeville, Kentucky 41502

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