

Resident Information:**Name:****Address:****City, State, Zip:****Phone:****Email:****Credit Card Information:****Card Type:** **Visa** **Master Card****Cardholder Name:****Credit Card # :****Expiration Date:****Security Code****Billing Address:****City, State, Zip:****Phone:****Payment Information:****Application Fee: \$50.00**

By signing this payment form, I agree to the charges above. I understand that I am responsible to pay for the transaction as detailed above.

Authorizing Signature: _____**Date:** _____