



RENTAL APPLICATION

Move in Date: Apt #: Total Security Deposit: Unit Type: Rental Rate: Lease Length: Mo. Pet Deposit:

Home Phone: Work Phone: Email:

APARTMENT OCCUPANTS: Roommates and Co-Head of Households with different last names are to complete separate application forms.

Table with columns: Name (Last, First, M), Date of Birth, SSN / Passport ID #. Rows for Head of Household, Co-Head of Household, Child (Minor 0-17 years).

RENTAL & MORTGAGE HISTORY: Please provide us with the information needed to verify your payment history for the last two years or the last two places where you have made a monthly payment.

Most recent address:

Street Apt. No. City, County & State Zip Dates of Occupancy Name of Apartment Community or Mortgage Co. (A) Phone number to verify Amt of Rent/Mortgage Reason for leaving:

Previous address:

Street Apt. No. City, County & State Zip Dates of Occupancy Name of Apartment Community or Mortgage Co. (B) Phone number to verify Amt of Rent/Mortgage Reason for leaving:

Current Address if different than the above:

Street Apt. or Room # City, County & State Zip Contact Phone#

HOW DID YOU HEAR ABOUT US: Please provide us with this information so that we may enhance our records?

EMPLOYMENT INFORMATION:

Table with columns: Employer Name, Title or Rank, Dates, Supervisor, Phone, Address. Rows for Head of Household (Current/Previous Employer) and Co-Head of Household (Current/Previous Employer).

INCOME INFORMATION: Three recent pay stubs or applicable financial documentation need to be provided.

Current monthly pay (Head of Household) \$ per month or \$ per hour Attached copies Current monthly pay (Co-Head of Household) \$ per month or \$ per hour Attached copies

PERSONAL REFERENCES/EMERGENCY CONTACTS:

1) Nearest Relative Phone no. () Address City, State, & Zip Relationship? 2) Friend or Relative Phone no. () Address City, State, & Zip Relationship?

VEHICLES:

Table with columns: Year, Make, Model, Color, License No., State of Issue. Rows for Vehicle 1 and Vehicle 2.

IDENTIFICATION: A copy of Driver's License will be taken and made part of your file.

Head of household Driver's License number State of Issue Home address listed on license City Co-Head of Household's Driver's License number State of Issue Home address listed on license City

RENTER'S INSURANCE:

Do you currently have Renters insurance? Yes No Renter's Insurance information provided

- Note -

Your personal belongings are not covered by the owner's insurance policy. Proof of renters insurance must be received by management prior to move-in with a minimum \$100,000 liability.



PETS:

Do you presently have a pet or plan to get one? Yes No. Is this a dog or cat ?
The weight of _____ (pet name) is _____ pounds. The breed of this pet is _____. My Pet is _____ inches tall and is _____ years and _____ months old.

Management has the right to terminate any pet agreement with a 10 day written notice without cause and it is agreed that the animal(s) will be removed. GB communities do not accept aggressive breed dogs...please ask for details.

CREDIT REFERENCES:

	Bank	City/State/Branch	Phone	Monthly Payment	Open / Closed
Checking Account					<input type="checkbox"/> Open <input type="checkbox"/> Closed
Savings Account					<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please answer the following questions:

- _____ Have you ever been evicted from a place of rental?
- _____ Do you owe any unpaid rent?
- _____ Have you ever violated a lease, rental agreement or regulations at a former place of rent?
- _____ Have you ever been charged with misuse or abuse to any rental property?
- _____ Are you currently facing prosecution for any felony or misdemeanor sex offense?
- _____ Are you a registered sex offender or under consideration for registration as a sexual offender?
- _____ Have you been convicted, pleaded guilty or nolo contendere (no contest), received a deferred sentence, deferred prosecution, diversion, continued adjudication, or continued petition of any felony, or misdemeanor sex offense?

If so, please explain. _____

BROKER'S DISCLOSURE:

NOTE: DIFFERENT BROKERAGE RELATIONSHIP IS AVAILABLE, INCLUDING LANDLORD AGENCY, TENANT AGENCY AND TRANSACTION-BROKER. GRIFFIS/BLESSING, INC. IS AN AGENCY OF THE OWNER/LANDLORD, AND IS NOT AGENT FOR THE APPLICANT/TENANT. Please do not tell us any information that you do not wish to be shared with Owner/Landlord. You are not vicariously liable (legally responsible) for our actions. Although we do not represent you, we will disclose to you all adverse material facts about the property actually known by us. We will assist you without regard to race, creed, sex, religion, national origin, familial status, marital status, or disability. I have read and understand the above. _____ (Initials)

(Electronically, Type initials above and check here in lieu of initials.)

I, _____ (henceforth referred to as the Applicant), understand the following:

- That I am depositing herewith the sum of \$_____ (Deposit) which is acknowledged as a holding fee to be retained by Lessor to hold the designated apartment off the market. Upon move-in the fee will be applied toward the non-interest bearing security deposit.
- I understand there is a one-time non-refundable application fee of \$_____ (Application Fee) per Applicant to process the application and a one-time non refundable administration fee of \$_____ (Administrative Fee) for the preparation of this application and related lease documentation.
- Acceptance of this application is not binding on Management until this application is approved.
- The application must be signed by applicant before processing.
- Applicant may withdraw this application within 24 hours of its submission and all monies paid except the Application Fee, shall be refunded.
- In the event the application is approved or approved with conditions and the Applicant fails or refuses FOR ANY REASON to occupy the said apartment, by _____ (date, year) the holding fee will be forfeited.
- Provided further, that in the event the application is disapproved, this holding fee will be returned to the Applicant.
- It is further understood that one full month's rent and the full security deposit are required prior to occupancy.
- I hereby give this apartment community permission to obtain, at anytime during my occupancy, a credit report, personal/criminal background checks, employment and residential history reports concerning myself and my Co-Head of Household, if applicable, for its use in on-going evaluation of my application for residency.
- It is my responsibility to verify the status of this rental application before move-in.
- If this application does not pass with an "Accept Rating", an additional deposit and/or qualified guarantor will be required.

Applicant's Signature
(Electronically, Type Full name above and check here in lieu of signature)

Co-Head of Household's Signature
(Electronically, Type Full name above and check here in lieu of signature)

Agent taking application

Date Taken

APPLICATION VERIFICATION

THIS SECTION FOR OFFICE USE ONLY.

All information will be checked thoroughly using the form below. The person obtaining the information will initial the "By" column. **After the verification, the application should be given to the Manager for final approval.**

PRESENT AND PRIOR RESIDENCE

PROPERTY NAME	RENT AMT.	# OF LATE PAYMENTS	LENGTH OF OCC.	ANY BREACH OF LEASE	30 DAY NTV GIVEN	DEPOSIT REFUNDED	MOVE OUT CONDITION	INFORMATION PROVIDED BY
A.								
B.								

EMPLOYMENT VERIFICATION

APPLICANT 3 pay stubs attached

CO-APPLICANT 3 pay stubs attached

CREDIT CHECK

DATE CHECKED:	CHECKED BY
RESULTS	
<input type="checkbox"/> Accept	<input type="checkbox"/> Accept with Conditions* <input type="checkbox"/> Decline**

VERIFICATION COMPLETED BY: _____ DATE: _____

MANAGER'S REVIEW (Initials): _____ DATE: _____ Application Decision: _____

COMMENTS: _____ Make decision in OneSite

