



RENTAL APPLICATION

Home Phone: _____

Move in Date: _____ Apt #: _____

Work Phone: _____

Total Security Deposit: _____

Unit Type: _____ Rental Rate: _____

Email: _____

Lease Length: _____ Mo. Pet Deposit: _____

APARTMENT OCCUPANTS: Roommates and Spouses with different last names are to complete separate application forms.

| | Name | | | Date of Birth | SSN / Passport ID # |
|--------------------------|--------|---------|-----|---------------|---------------------|
| | (Last) | (First) | (M) | | |
| Head of Household | | | | | |
| Spouse | | | | | |
| Child (Minor 0-17years) | | | | | |
| 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:

| | Employer Name | Title or Rank | Dates | Supervisor | Phone | Address |
|-------------------------------------|---------------|---------------|-------|------------|-------|---------|
| Head of Household Current Employer | | | | | | |
| Head of Household Previous Employer | | | | | | |
| Spouse Current Employer | | | | | | |
| Spouse 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 (Spouse) \$ _____ 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:

| | Year | Make | Model | Color | License No. | State of Issue |
|-----------|------|------|-------|-------|-------------|----------------|
| Vehicle 1 | | | | | | |
| 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 _____

Spouse's Driver's License number _____ State of Issue _____

Home address listed on license _____ City _____

PETS:

Do you presently have a pet or plan to get one? Yes No. Is this a dog or cat ?

The weight of this pet is _____ pounds. It is _____ inches tall and is _____ years old. The breed of this pet is _____.

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...ask for details.

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.

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?
- _____ Are you currently facing prosecution for any sex offense?
- _____ Have you ever been convicted of a crime other than a motor vehicle violation?

If so, please explain. _____

BROKER'S DISCLOSURE:

NOTE: DIFFERENT BROKERAGE RELATIONSHIP IS AVAILABLE, INCLUDING LANDLORD AGENCY, TENANT AGENCY AND TRANACTION-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 non-interest bearing deposit (and not as a rental payment) to be retained by Lessor for the duration of Applicant's occupancy of said apartment.
- I understand there is a one-time non-refundable charge of \$ _____ (Application Fee) per Applicant to process the application.
- I understand there is a one-time non refundable charge 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 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 and the Applicant fails or refuses FOR ANY REASON to occupy the said apartment, by _____ (date, year) the full security deposit will be forfeited.
- Provided further, that in the event the application is disapproved, this deposit 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 spouse, 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.

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

Spouse'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 _____

SPOUSE 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** |

* Applications that are not automatically accepted may require a \$500 security deposit or qualified Co-Signer.

** All declined applications will be review with District Manager.

VERIFICATION COMPLETED BY: _____ DATE: _____

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

COMMENTS: _____ Make decision in OneSite