APPLICANT NAME:

I WISH TO APPLY FOR RESIDENCE AT THE FOLLOWING ADDRESS:

To All Applicants:

Please fill out all sections (beginning at #8) of the attached application. Do not leave any space blank. If an item does not apply to you, write "no", "N/A" or "none" in that blank.

**All applicants will be screened using the following screening criteria:

Income Qualification

Household Size

Criminal Background Check

Current and Previous Landlord References

Income Note:

PLEASE SUBMIT ONE MONTH WORTH OF PAYSTUBS WITH YOUR APPLICATION. THESE PAYSTUBS ARE REQUIRED FOR THE INCOME QUALIFICATION PROCESS. NO APPLICATION WILL BE REVIEWED WITHOUT THIS INCOME VERIFICATION REQUIREMENT.

YOUR APPLICATION MAY BE REJECTED IF WE RECEIVE A REFERENCE WHICH REPORTS THAT YOU:

- 1. Engage in drug related criminal activity
- 2. Were violent or made threats to your neighbors or you landlord
- 3. Were convicted of a felony in the past 10 years
- 4. Or any member of your household is a current illegal substance user, or has ever been convicted of the illegal manufacture or distribution of a controlled substance or was convicted of a felony within the past 10 years
- 5. Have a history of non-payment of rent
- 6. Have a history of disturbing your neighbors
- 7. Have a history of not caring for your home in a clean and sanitary manner

THANK YOU FOR APPLYING.

RENTAL APPLICATION (One For Each Adult Applicant)

Georgia
Association of REALTORS [®]
} of REALIURS
< <u> </u>
2013 Printing

("Property").

Application is he	ereby made to ren	t the premises o	generally describe	d as
			Jon on any accounter.	~~~_

The multiple listing service number for this property, if known, is ______

- 1. Lease Term. The term of the lease of the Property for which Applicant is applying shall start on ("Commencement Date") and end on _____
- 2. Proposed Monthly Rent.
- 3. <u>Lease Application Fee</u>. Applicant has paid Landlord a nonrefundable Lease Application Fee of \$ to process this Rental Application, determine Tenant's credit worthiness to lease the Property and conduct a background investigation of Applicant.
- 4. Authorization to Do Credit and Background Check. Applicant hereby authorizes Landlord and Landlord's authorized agents to do whatever background and credit check on Applicant Landlord or Landlord's agents deem appropriate. This may include among other things obtaining one or more credit reports on Applicant. Such credit report(s) may be obtained before and during the term of the Lease and after the expiration or termination of the Lease as part of any effort to collect rent, costs, fees and charges owing under such Lease. Applicant acknowledges that merely requesting such reports may lower Applicant's credit score and Applicant expressly consents to the same.
- 5. Reservation Deposit. A reservation deposit of \$ by check, cash or money order is being made along with this rental application. If Applicant's application is approved and a lease is entered into between Landlord and Applicant the fee shall be applied towards Applicant's security deposit referenced in said lease. If Applicant's application is denied, the rental deposit shall be refunded to Applicant without interest. If the Applicant's application is approved, and Applicant fails to execute Landlord's standard lease agreement for the Premises prior to the Commencement Date (or to pay the required rent thereunder such that the lease does not Commence), then Landlord may retain the rental deposit as liquidated damages, it being acknowledged and agreed that the same is a reasonable pre-estimate of Landlord's damages for not seeking to rent the Property to others during this time period and not a penalty.
- 6. Use of Information. The information in this application or obtained as a result of the authorization given herein by Applicant will not be sold or distributed to others. However, Landlord and Landlord's agents may use such information to decide whether to lease the Property to Applicant and for all other purposes relative to any future lease agreement between the parties including the enforcement thereof.
- 7. Application Does Not Create a Lease. This application, even if accepted, shall under no circumstances be considered a lease agreement between Applicant and Landlord or an offer to lease. No lease shall exist between Applicant and Landlord unless and until the parties enter into a formal Lease Agreement and Applicant pays all required fees, deposits and advance rent.

8. Information About Applicant.

CENEDAL

A. GENERAL			
First Name:	Middle	Last Name:	
SS #:	Date of Birth	:	
Driver's License #:		Driver's License Stat	e:
Home Phone:	Work:	(Cell:
Email Address:			
Present Address:			
City/State/Zip:			
Landlord Name:		Phone #:	
Landlord Address:			
	JSE OF THE FORM MAY RESULT IN		Colleen Anderson IS INVOLVED AS A BROUGHT AGAINST THE USER AND SHOULD BE
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City/State/Zp:	Previous Address:		
How Long? Lease Amount: \$			
Previous Landlord Address:Phone #:Phone #:Previous Landlord Address:			
Previous Landlord Address:Phone #:Phone #:Previous Landlord Address:	Reason for Leaving:		
Spouse/Significant Other Name: (must fill out a separate application): Names and ages of individuals under 18: Pets? YES: NO [
Names and ages of individuals under 18:	Previous Landlord Address:		
Pets? YES NO What Kind?	Spouse/Significant Other Name: (must fill out a se	parate application):	
Pet Weights: Are you registered or required to register as a sex offender in any state in the United States? If so, what state? B. EMPLOYMENT Employer. Position: Employer. Position: City/State/Zip. Business Phone: Length of Time at Present Job: Annual Income: C SPOUSE'S/GINFICANT OTHER'S EMPLOYMENT Employer Address: Position: City/State/Zip. Business Phone: Length of Time at Present Job: Annual Income: D. REFERENCES Bank: Personal Reference: Phone: Personal Reference: Phone: Credit Reference: Phone: Lease Period: Lease Amount: Lease Period: Lease Amount: Lease Period: Lease Amount: It is waranty by Applicant mereult in the termination of any Lease entered into with Applicant by Landlord. 10. Commitment to Equal Housing. Landlord and Landlord's agents are committed to providing equal housing opportunities to all rent applicants regardless of result is denilation Applicant. 11. Reason for Denial. If this Application is denied, Landlord or Landlord's agent shall within ten (10) days thereafter and upon th written request of applicant, state the basis for said den	Names and ages of individuals under 18:		
Are you registered or required to register as a sex offender in any state in the United States? If so, what state? B. EMPLOYMENT Employer: Position: Employer: Position: Employer: Position: Supervisor: Business Phone: Length of Time at Present Job: Annual Income: C syPOUSE'S/SIGNIFICANT OTHER'S EMPLOYMENT Employer: Position: Employer: Position: City/State/Zip: Supervisor: Supervisor: Business Phone: Length of Time at Present Job: Annual Income: D. REFERENCES Bank: Personal Reference: Phone: Credit Reference: Phone: Additional Previous Landlord: Phone: Lease Period: Lease Amount: Lease Period: Lease Amount: Supervisor to Applicant may result in the termination of any Lease entered into with Applicant by Landlord. Ibis warranty by Applicant may result in the termination of any Lease or finite with Applicant by Landlord. Lease Period: Lease Committed to providing equal housing opportunities to all rent applicants ex, color, religion, national origin, sex, handican or familia attus.	Pets? YES 🗌 NO 🗌 What Kind?	How Many?	
If so, what state?	Pet Weights:		
B. EMPLOYMENT Employers:	Are you registered or required to register as a sex	offender in any state in the United States?	
Employer: Position: Employer Address:	If so, what state?		
Employer Address: City/State/Zip: Supervisor: Business Phone: Length of Time at Present Job: Annual Income: C. SPOUSE'SSIGNIFICANT OTHER'S EMPLOYMENT Employer: Position: Employer Address:	B. EMPLOYMENT		
City/State/Zip:	Employer:	Position:	
Supervisor: Business Phone: Length of Time at Present Job: Annual Income: C. SPOUSE'S/SIGNIFICANT OTHER'S EMPLOYMENT Employer: Position: Employer Address: City/State/Zip: Supervisor: Business Phone: Length of Time at Present Job: Annual Income: D. REFERENCES Annual Income: Bank: Phone: Personal Reference: Phone: Credit Reference: Phone: Lease Period: Lease Amount: Lease Period: Lease Amount: Lease Period: Lease Amount: Supervisor of this warrants by Applicant hereby warrants that the information supplied above is complete and accurate and that the breact of this warranty by Applicant may result in the termination of any Lease and that the breact of this warranty by Applicant may result in the termination of any Lease network is applied above is complete and accurate and that the breact of this warranty by Applicant may result in the termination of any Lease and the termination of any Lease of race, color, religion, national origin, sex, handicap or familial status. 11. <u>Reason for Denial.</u> If this Application is denied, Landlord's agents are committed to providing equal housing opportunities to all rent applicants regardless of race, color, religion, national origin, sex, handicap or familial status. 11. <u>Reason for Denial.</u> If this Application is denied,	Employer Address:		
Length of Time at Present Job:	City/State/Zip:		
C. SPOUSE'S/SIGNIFICANT OTHER'S EMPLOYMENT Employer Position: Employer Address: City/State/Zip:Business Phone: Length of Time at Present Job:Annual Income: D. REFERENCES Bank:Phone: Personal Reference:Phone: Personal Reference:Phone: Additional Previous Landlord:Phone: Lease Period:Phone: Lease Period:Phone: Phone: Phone: 9. Warranty of Applicant. Applicant hereby warrants that the information supplied above is complete and accurate and that the breac of this warranty by Applicant may result in the termination of any Lease entered into with Applicant. 10. Committenet to Equal Housing. Landlord or Landlord's agent shall within ten (10) days thereafter and upon th written request of applicant, state the basis for said denial to Applicant. 2. Other Matters	-		
Employer: Position: Employer Address:	Length of Time at Present Job:	Annual Income:	
Employer Address:	C. SPOUSE'S/SIGNIFICANT OTHER'S EMPLOY	YMENT	
City/State/Zip:	Employer:	Position:	
Supervisor: Business Phone: Length of Time at Present Job: Annual Income: D. REFERENCES Bank: Phone: Personal Reference: Phone: Credit Reference: Phone: Additional Previous Landlord: Phone: Lease Period: Lease Amount: Supervisor: Lease Amount: Lease Period: Lease Amount: Supervisor: Lease Amount: Lease Period: Lease Amount: Lease Period: Lease Amount: Supervisor: Lease Amount: Bank: Lease Amount: Supervisor: Lease Amount: Lease Period: Lease Amount: Lease Period: Lease Amount: Lease Period: Lease Amount: Lease Amount: Lease Amount: Lease Amount:	Employer Address:		
Length of Time at Present Job:	City/State/Zip:		
D. REFERENCES Bank: Phone: Personal Reference: Personal Reference: Credit Reference: Additional Previous Landlord: Phone: Lease Period:	Supervisor:	Business Phone:	
Bank: Phone: Personal Reference: Phone: Credit Reference: Phone: Additional Previous Landlord: Phone: Lease Period:	Length of Time at Present Job:	Annual Income:	
Personal Reference:			
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Lease Period:			
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Accepted By:			(10) days thereafter and upon the
	12. <u>Other Matters</u> .		
Applicant's Printed Name Signature Date	Accepted By:		
	Applicant's Printed Name	Signature	Date
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Anderson-Bailey Real Estate, LLC 1558 E. Forsyth Street, Ste B Americus, GA 31709

	t or Former Landlord	Date:
		Previous Address:
Our ter admiss the ten	ion to our apartments. To comply nant history of the family reference	o verify certain information about all members or families applying for with this requirement, we ask for your cooperation in supplying information on ed above. This information will be used only for determining whether the family
		perty. We request that you return the information as soon as possible.
	y authorize release of the request	
-	ture of Applicant	
1. 2. 3.	If paid late, how often?	?
4. 5. 6.	Did the tenant or family damage	the rental unit? it clean?
7. 8.	Did the tenant/family cause any	rules? neighborhood disturbance:
9.	Would you rent to this tenant ag	ain?
Additic	onal Comments:	

Americus Police Department 119 South Lee Street Americus, Georgia 31709 229 924-3677

EFFECTIVE-EFFICIENT-PROFESSIONAL

CONSENT FORM

I hearby authorize______to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

		PLEASE PRINT IN	FORMATION	
NAME (Las	st)	(First)	(Middle)	
ADDRESS		(City)	(State)	(Zip Code)
Sex	Race	Date of Birth	Social Security	Number
Signature			Date	
Reason for ch	neck:			
Name of com	pany requesting che	ж:		
	oyment provisions (c			
□ Emp	loyment with elder o	ly disabled (Purpose code ' are (Purpose code "N") en (Purpose code "W")	'M")	
One of the fol	llowing must be chee	ked:		
This I	authorization is vali	d for 90/180(circlegive c	one) days from date of sig	nature. to perform periodic
crim	inal history/backgrou	and checks for the duration	of my employment with thi	is company.
		FOR OFFICIAL	USE ONLY:	
OPERATO	RS BADGE NUM	BER:		이 가는 것 같아요. 이 것이 같은 것은 것 같아요. 이 것이 이 있는 것 같아요. 이 것이 있는 것이
	AS CRIMINAL HIS CRIMINAL HIS	STORY		

THERE WILL BE A \$10.00 CHARGE FOR ALL CRIMINAL BACKGROUND CHECKS