

**RENTAL APPLICATION by RentLaw.com The National Landlord Tenant Guides <http://www.rentlaw.com>  
RESIDENTIAL RENTAL APPLICATION**

**Property Applying For:**

Application Date: ___/___/___		APPLICATION NUMBER or ID		Equal Housing Opportunity
<b>APPLICANT INFORMATION</b>				
LEGAL NAME OF APPLICANT – FIRST	Last	MIDDLE	SS#	
CURRENT ADDRESS		CITY	STATE and ZIP	
EMAIL ADDRESS				
DATE OF BIRTH	OCCUPATION – Full or Part Time	YEARLY INCOME	CELL PHONE	HOME PHONE
EMPLOYER		EMPLOYER ADDRESS		
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY		
CURRENT LANDLORD	LANDLORD PHONE / FAX #	YEARS WITH LANDLORD	LEASE EXPIRATION DATE	
CURRENT RENT	AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE	
<b>CO - APPLICANT INFORMATION</b>				
NAME OF CO APPLICANT – FIRST	Last	MIDDLE	SS#	
CURRENT ADDRESS		CITY	STATE and ZIP	
DATE OF BIRTH	OCCUPATION	YEARLY INCOME	HOME PHONE	CELL PHONE
EMPLOYER		EMPLOYER ADDRESS		
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY		
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD	LEASE EXPIRATION DATE	
CURRENT RENT:	AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE	
<b>APPLICANT'S REFERENCES (OTHER THAN RELATIVES)</b>				
	NAME	Address	PHONE	
1.				
2.				
<b>CO-APPLICANTS REFERENCES</b>				
1.				
2.				
<b>APPLICANT'S BANK REFERENCES</b>				
CHECKING				
SAVINGS.				
CREDIT CARDS/OTHER				
<b>CO-APPLICANTS BANK REFERENCES</b>				

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CHECKING	
SAVINGS	

**YOUR CREDIT HISTORY**

Have you declared bankruptcy in the past seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been evicted from a rental residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you had two or more late rental payments in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL SOURCES OF INCOME**

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

ADDITIONAL INFORMATION: Please give us any additional information that might help the owner/management to evaluate your application.

**NOTICES:**

I/we understand that an application fee or any deposit ( or partial deposit ) paid to Jai Property Management, Inc, will not be refunded to me if I decide not to move into the property.

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the management company , owner or servicing company to perform a credit on me/us.

I/We agree to pay the non-refundable amount of \$50.00 for each Primary applicant and \$20.00 for each additional applicant for the credit check as permitted by state law. Such payment may be in the form of cash, money order or credit card payment over the phone to the management company, servicing company or its affiliates. By signing below, I hereby authorize the management company to charge my credit card in the event that this payment is made over the phone and I hereby acknowledge that this credit card is owned by me or one of the persons on this application, and we hereby agree and consent to the charges

**APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)**

Credit Fee \$ _____ Date: _____ Security Deposit: \$ _____ Date: _____
Credit Report Requested Date: _____ Review Date _____ by: _____ Approved Y ___ N ___
<b>OFFICE NOTES:</b>

**If the application is not approved or accepted by the owner or agent, the applicant(s) hereby waives any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.**

\_\_\_\_\_  
 Name of Applicant Date

\_\_\_\_\_  
 Name of co Applicant Date

**AUTHORIZATION  
Release of Information**

I authorize an investigation of my credit, tenant history, criminal background, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Guidelines

App fee \$ 50.00 for the 1<sup>st</sup> adult, any additional adults \$20 per person

- Household income must be at least two and a half (3) times the monthly market rent. Guarantors must make five (5) times the monthly market rent. \*INCOME IS BASED ON NET PAY\*
- Must be on the job at least 6 months in state of GA. If transferring from another state the income may not be considered unless transferred within same company.
- Must have good rental history.
- No Evictions, Foreclosures, Bankruptcies within 2 years
- No utilities in collection.
- Clean background (10 years back) No Felonies
- Deposit 1 month of rent pending employment, rental history
- **PET POLICY** no pets over 35 lbs. full grown, no aggressive breeds \$300 1<sup>st</sup> pet \$150 2<sup>nd</sup> pet
- 1 pet allowed in a 1 bedroom, 2 pets maximum in a 2 and 3 bedroom
- Deposit start at 1 full months' rent.

## CREDIT CARD AUTHORIZATION FORM

CREDIT CARD & CARDHOLDER INFORMATION			
NAME EXACTLY AS IT APPEARS ON CARD			
BILLING ADDRESS: STREET		APT/SUITE	
CITY	STATE	ZIP	PHONE
MasterCard_____ Visa_____ <del>AMEX_____</del> <del>Discover_____</del>		<input style="width: 40px; height: 20px;" type="text"/>	
Card Number: _____-_____-_____-_____		Exp Date: ____/____/_____	
Amount Charged: _____		Date of Transaction: _____	
<b>IMPORTANT</b>			
If you intend for another individual to make payments using your credit card information, you must give them authorization on this form. Please list names of those individuals that are authorized to use your credit cards as payment for service. No other individuals will be allowed to request that these credit cards be used for payments.			
Authorized user's name: _____			
The undersigned hereby declares that the credit information listed is true, accurate and appears in the name as stated and authorization is hereby given to the above individuals to use this card for services from _____. I authorize my credit card company to accept and to charge my account for purchases initiated by the above named individuals. This authorization allows _____ to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.			
Signature of Card Holder	Print Name	Date	
Additional terms and conditions of this agreement: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>			
Cardholder Initials Here: _____			