

# Global Integrity Realty

## Rental Application for Residents

Date filled out: \_\_\_\_\_

**ABOUT YOU** Full name (exactly as on driver's license): \_\_\_\_\_

Former last names (maiden, married): \_\_\_\_\_

Your Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_ OR government photo ID card #: \_\_\_\_\_

Current address where you now live: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Current Home Phone: (\_\_\_\_) \_\_\_\_\_

Name of apartment where you now live: \_\_\_\_\_

Current monthly rent: \$ \_\_\_\_\_ Date Moved-In: \_\_\_\_\_

Current owner or manager's name: \_\_\_\_\_ Their phone: (\_\_\_\_) \_\_\_\_\_

Why are you leaving your present residence? \_\_\_\_\_

Your previous home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Apartment Name: \_\_\_\_\_

Above owner or manager's name: \_\_\_\_\_ Their phone: (\_\_\_\_) \_\_\_\_\_

Previous monthly rent: \$ \_\_\_\_\_ Date Moved-In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

**YOUR WORK** Present employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Your gross monthly income: \$ \_\_\_\_\_ Date you began this job: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's phone: (\_\_\_\_) \_\_\_\_\_

Previous employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Your gross monthly income: \_\_\_\_\_

Date you began this job: \_\_\_\_\_ Date you ended this job: \_\_\_\_\_

Previous supervisor's name: \_\_\_\_\_ Previous supervisor's phone: (\_\_\_\_) \_\_\_\_\_

List any additional income you want considered: \_\_\_\_\_

**OTHER OCCUPANTS** Full names of all persons under age 18.

Name: \_\_\_\_\_ Social security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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### YOUR CREDIT HISTORY

Your bank's name: \_\_\_\_\_

City/State: \_\_\_\_\_

List major credit cards: \_\_\_\_\_

Have you ever owned a home? Please check one  YES  NO

Past credit problems?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### YOUR RENTAL HISTORY

Have you ever: (To answer "no," don't check block.)

- been evicted or asked to move out?
- broken a rental agreement or apartment lease?
- declared bankruptcy?
- been sued for nonpayment of rent?
- been sued for damage to rental property?

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Landlord and/or his representative to verify the above information by all available means. Owner is not required to re-verify or investigate preliminary findings. I declare that the statements made in the application are true and correct and that any information contained in the application which is false, misleading, or inaccurate shall be cause for rejection of the application and, if a lease has been entered into, shall constitute a material breach of the lease, entitling the Owner to terminate my tenancy.

APPLICANT'S SIGNATURE

DATE

OWNER'S REPRESENTATIVE

DATE

### RECEIPT FOR RESIDENT SCREENING AND/OR CREDIT CHECK

The Owner received \$ \_\_\_\_\_ from the Applicant, who offers to rent from the Owner the premises located at:

\_\_\_\_\_ Apartment # \_\_\_\_\_

The Applicant authorizes verification of information supplied by the applicant via methods which may include, but are not limited to, tenant screening and credit checking.



**LEASED APARTMENT INFORMATION**

Name of all residents who will sign Lease Contract: \_\_\_\_\_

Total Number of Occupants: \_\_\_\_\_ Our consent is necessary for guests staying longer than 5 days.

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Beginning Date \_\_\_\_\_ and Ending Date of Lease Contract: \_\_\_\_\_

Holding Deposit: (Holding Deposit becomes Security Deposit upon move in) \$ \_\_\_\_\_ Pet Deposit \$ \_\_\_\_\_

Number of keys for \_\_\_\_\_ Apartment \_\_\_\_\_ Mailbox \_\_\_\_\_ Garage #: \_\_\_\_\_ Carport#: \_\_\_\_\_

**Total Monthly Rent:** \$ \_\_\_\_\_ Apartment Rent: \$ \_\_\_\_\_ Garage Rent: \$ \_\_\_\_\_ Pet Rent: \$ \_\_\_\_\_

- Rent to be paid at: \_\_\_\_\_
  - Monthly rent due date: \_\_\_\_\_
  - Late charge \_\_\_\_\_
  - Returned check charge: \_\_\_\_\_
  - Pets are not allowed.
- Check one:  Furnished  Unfurnished
  - Utilities paid by the Owner:  Electric Service  Sewer  Gas  
Water  Hot Water Gas  Trash  Cable TV
  - Your move-out notice will terminate the Lease Contract on the exact day designated in your move-out notice.

**Leasing Special: (if applicable)** \_\_\_\_\_

**YOUR VEHICLES** List all vehicles to be parked by you.

Make of vehicle: \_\_\_\_\_ Year \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

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Make of vehicle: \_\_\_\_\_ Year \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**GUARANTOR INFORMATION** Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

**OTHER INFORMATION**

Will you have a pet?  Yes  No If yes, please indicate the kind, weight, breed and age: \_\_\_\_\_

How were you referred?  Stopped by \_\_\_\_\_  Rental guide (name): \_\_\_\_\_

Locator service (name): \_\_\_\_\_  Agent's name \_\_\_\_\_

Friend (name) \_\_\_\_\_  Newspaper (name) \_\_\_\_\_

Other: \_\_\_\_\_

**EMERGENCY** Emergency contact person over 18, who will not be living with you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work phone #: (\_\_\_\_\_) \_\_\_\_\_ Home phone #: (\_\_\_\_\_) \_\_\_\_\_

If you are seriously ill, missing, or in jail/penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more)  the above person,  your spouse, and/or  your parent to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not legally obligated to do so.

A holding deposit of \$ \_\_\_\_\_ in the form of personal check, cashier's check, or money order has been placed by the Applicant. This holding deposit shall be held by the Owner subject to review by the Owner or its agents of the Applicant's rental application. The Applicant shall be entitled to a full refund of the holding deposit if the Owner determines that:

- a. The premises are not available on the agreed date; and/or
- b. The Owner does not approve the Applicant's rental application.

If after notification by Owner of acceptance, the Applicant withdraws application, the applicant then forfeits the holding deposit as liquidated damages.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER'S REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

1. The Allied Companies processes application: Fax 972-404-9509 Toll Free Phone 800-491-2580 Local phone 972-404-0808, Ext. 150
2. Date that application or co-applicant was notified: \_\_\_\_\_
3. By: *Check One*  telephone,  letter, or  in person of: *Check One*  acceptance or  non-acceptance
4. Names of person(s) who were notified (at least one applicant must be notified if multiple applicants): \_\_\_\_\_
5. Name of owner's representative who notified above person(s): \_\_\_\_\_



**RECEIPT OF ALL DEPOSITS AND APPLICATION PROCESSING FEES PAID TO OWNER:**

Holding deposit: \$ \_\_\_\_\_

- Application processing fee:
  - Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports ..... \$ \_\_\_\_\_
  - Cost to obtain, process, and verify screening information ..... \$ \_\_\_\_\_
  - Total fee charged (may not exceed \$30 per applicant) ..... \$ \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER'S REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_