

# GREEN HOUSE APARTMENTS

## RENTAL APPLICATION

Separate Application Required for Each Applicant

**A \$25.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THE APPLICATION**

**THIS SECTION FOR OFFICE USE ONLY**

Approved  Denied Ints \_\_\_\_\_

Apt. No.: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Term of Rental: lease from \_\_\_\_\_ to \_\_\_\_\_

Tenant Financial Obligation Prior to Occupancy		CONTACT CHECKLIST	
First Month's Rent:	\$ _____	Current Landlord Contacted - Timely Remittance	
Additional Days:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet Fee:	_____	Current Employer Verified:	
Security Deposit:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet Security:	_____	Credit Report Determination:	
Fire Extinguisher	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Less Deposit	_____	Income Verified (pay stub, employer, etc.)	
<b>TOTAL:</b>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Your Payment Due on \_\_\_\_\_ 1<sup>st</sup> will be \$ \_\_\_\_\_

**DESIRED DATE OF MOVE-IN:** \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**UNIT TYPE:**  1 BR  2 BR  3 BR  Other (Specify): \_\_\_\_\_

### APPLICANT INFORMATION:

Name (full legal name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License / ID Number: \_\_\_\_\_ State: \_\_\_\_\_ **(Photocopy attached)**

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

### NAME OF OCCUPANTS AND RELATIONSHIP TO APPLICANT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D/O/B : \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D/O/B : \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D/O/B : \_\_\_\_\_

### APPLICANT / OCCUPANT VEHICLE(S): (attach copy of Vehicle Registration(s))

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

### EMPLOYMENT HISTORY:

#### Current Employer:

Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Length of Employment: Begin \_\_\_\_\_ Still employed? (check one)  yes  no

Occupation : \_\_\_\_\_ Gross Employment Income: \$ \_\_\_\_\_ per \_\_\_\_\_

**Previous Employer**

Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Length of Employment: Begin \_\_\_\_\_ End \_\_\_\_\_

Occupation : \_\_\_\_\_ Gross Employment Income: \$ \_\_\_\_\_ per \_\_\_\_\_

**RENTAL HISTORY:**

**Current Address:** \_\_\_\_\_

Dates Lived at This Address: From \_\_\_\_\_ to \_\_\_\_\_ Rent/Mortgage \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord/Mortgage Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Dates Lived at This Address: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_ Landlord/Manager's Phone: \_\_\_\_\_

**CREDIT and FINANCIAL INFORMATION:**

**Bank and Financial Accounts**

**Checking:**

Institution Name \_\_\_\_\_ Branch \_\_\_\_\_ Acct # \_\_\_\_\_

**Savings:**

Institution Name \_\_\_\_\_ Branch \_\_\_\_\_ Acct # \_\_\_\_\_

**Credit Accounts**

Credit Card: Type \_\_\_\_\_ Amt Owed \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Credit Card: Type \_\_\_\_\_ Amt Owed \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Vehicle Loan: Type of Vehicle: \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Vehicle Loan: Type of Vehicle: \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Other: Type \_\_\_\_\_ Creditor \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

**MISCELLANEOUS: (check appropriate answer)**

**Do you have pets?** \_\_\_\_yes \_\_\_\_no If so, describe \_\_\_\_\_

**NOTE:** There may be additional fees and/or deposits required for pets housed on premises.

**Do you plan to have water filled furniture on the rental property?** \_\_\_\_yes \_\_\_\_no If yes, detail below.

**Have you ever been evicted?** \_\_\_\_yes \_\_\_\_no If yes, explain below.

**Have you ever filed for bankruptcy?** \_\_\_\_yes \_\_\_\_no If yes, explain below.

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

**APPLICANT EMERGENCY CONTACT INFORMATION:**

Contact in Emergency (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that if I should be accepted as a potential Tenant I am required, within 24 hours, to make a non-refundable deposit of \$500.00 in the form of a money order, bank check or certified check to hold the apartment and move in date specified above.**

**I hereby certify and affirm that all information provided above is true and correct. I fully understand that my lease or rental agreement may be terminated if I have made any false, misleading or incomplete statement(s) in this application. I hereby authorize verification of all information provided in this application, including financial and credit information, via credit bureaus and/or contact with current and previous employers, current and previous landlords and personal references.**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE