## **RENTAL APPLICATION INSTRUCTIONS**

We do not charge an application fee, however, each applicant 18 years or older must submit a copy of their criminal background check along with the completed application.

Criminal background checks can be obtained from the City of Covington Police Department or the Newton County Sheriff's Department. In addition, we will accept a copy from a current employer if the background check is less than a year old.

### **RENTAL APPLICATION**

The following information must be accurate and complete. Failure to complete all sections of this application could result in denial.

Date of Birth: Social Security# Expiration Date: Home Telephone# Beeper/Cell: Expiration Date: Home Telephone# Beeper/Cell: Expiration Date: Home Telephone# Beeper/Cell: Year Make Model Color Tag# Current Address: Street, P.O. Box# City, State, Zip How long at current address: Current Rent Amount \$ Lease Expiration Date: Rent paid through: Telephone # If at current address less than 1 year list previous address, landlord name & contact #: Additional Occupants: (occupants over 18 are co-applicants & need separate application) Name: Age: Relationship Nam	APPLICANT Name:	ast	First	Middle		
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EMPLOYMENT & INCOME INFORMATION:  EMPLOYER: OCCUPATION:  NAME OF SUPERVISOR: PHONE#: EXT:  MONTHLY INCOME: \$ HOURLY WAGE:\$  HOW LONG AT PRESENT EMPLOYER: DO YOU GET PAID MONTHLY, BI-WEEKLY OR EACH WEEK?  Other sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount the sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount the sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount the sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount the sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount the sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount to sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount to sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount to source sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount to source sources of income/benefits: (place a check mark if you receive income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly amount to source sources of income from the following sources & list the monthly						
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Pensions \$			ς			
Child Support \$						
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**CREDIT INFORMATION / REFERENCE**: please complete the following information accurately & completely. Have you ever been evicted? Circle one: YES / NO If yes, when (month & year): Explain briefly reason for eviction: Judgment Amount\$\_\_\_\_\_ Have you ever willfully or intentionally refused to pay any rent due or pay for damages to a residence? Yes / No If yes, please explain\_\_\_\_\_ Have you ever filed bankruptcy? Circle one: YES / NO If yes, when (month & year) Company Name that has provided you credit (ex: car payment, credit card, etc) Creditor Name: Account Name: (how is the account titled) Phone # Account # Date Opened: PERSONAL REFERENCE: (this information will also be used in case of emergency during tenancy and as a means to reach you if we are unable to do so by using the numbers provided on the first page under Personal Information) Name, Address & Telephone # of nearest relative or other personal reference: Address Relationship \* UNIT APPLYING FOR: \_\_\_\_\_ WHEN DO YOU NEED THE UNIT: HAVE YOU GIVEN 30 DAYS NOTICE TO YOUR CURRENT LANDLORD: HAVE YOU EVER BEEN CONVICTED OF A FELONY? Circle one: YES / NO If yes, please provide explanation & date:\_\_\_\_\_ I declare that the information provided in this Rental Application is true and correct. I understand and authorize all or part of this application to be verified for accuracy. I understand and authorize that the information provided will be used to obtain credit information, criminal history, verify my employment and verify income from all listed sources. I further understand and agree that providing false or misleading information may be cause for termination of any agreement entered into with Landlord. Date:\_\_\_\_ Applicant's signature: \_\_\_\_ IF SOMEONE REFERRED YOU TO OUR OFFICE PLEASE WRITE THEIR NAME HERE: \* DO NOT WRITE IN THIS SECTION - FOR LANDLORD USE ONLY:

APPLICATION APPROVED BY:\_\_\_\_\_\_ DATE:\_\_\_\_\_

### **DEPOSIT INFORMATION**

Deposits are required to reserve a unit.

#### Deposits are non-refundable if:

- 1. You give false or misleading information
- 2. You decide not to move into the unit once the deposit has been paid & the unit reserved
- 3. Unit is vacated without, at minimum, a 30 day notice
- 4. Unit is vacated prior to the end of the lease agreement
- 5. Unit is damaged or left unclean
- 6. Outstanding rent is due or a balance is due for repairs or utilities
- 7. All keys are not returned at the time the unit is vacated
- 8. A forwarding address is not left with the landlord

I have read and understand completely the above deposit information.

Deposits are refunded within 30 days of the date the premises are vacated unless the unit is left damaged or unclean and in need of repairs. If the unit is left damaged or unclean, the deposit will be refunded once all repairs are completed and invoices are received from sub-contractors. If all or part of a deposit in not refunded, you will be sent an explanation with listed deductions.

Applicant's Signature:	Date:	
Co-Applicant's Signature:	Date:	