



FORM VALID FOR GEORGIA APARTMENT ASSOCIATION MEMBERS ONLY

APPLICATION FOR OCCUPANCY

Property Fax #: (478) 405-8546

Property Phone #: (478) 474-7099

FOR MANAGEMENT USE ONLY:

DATE FORM PRINTED _____

APARTMENT NO. _____

APPLICANT: _____

MOVE-IN DATE REQUESTED: _____

APPLICATION SUBMITTED ON: _____

LEASING INFORMATION (TO BE COMPLETED BY MANAGEMENT)

NAME OF APT. COMMUNITY Forest Ridge Apartments, LLC APT. NO. or ADDRESS REQUESTED _____

COMMUNITY ADDRESS 2074 Forest Hill Road, Macon, GA 31210

LEASE TERM DESIRED: FROM _____ TO _____ DATE OF VISIT TO APTS. _____ MOVE-IN DATE REQUESTED _____

APT. TYPE DESIRED _____ BDRMS. _____ BATHS _____ FLOOR PLAN _____ RENTAL RATE \$ _____ /MO. CONSULTANT _____

HOW DID APPLICANT LEARN ABOUT US? _____ WHICH APT(S). DID APPLICANT VISIT? _____

\$ _____ APPLICATION FEE (for Credit Check) \$ _____ NON-REFUNDABLE FEE (Describe) _____

\$ _____ GOOD FAITH DEPOSIT (Applied to Security Deposit) \$ _____ OTHER SECURITY DEPOSIT (Describe) _____

\$ _____ PET SECURITY DEPOSIT \$ _____ OTHER NON-REFUNDABLE FEE (Describe) _____

Note: Each Person Who Is An Applicant, Guarantor or Co-Signor Must Fully Complete a SEPARATE Application and Meet ALL Rental Qualification Requirements for Employment (Or Source of Income for Paying Rent), Rental History, Credit, and Criminal Background. A Valid Government Issued Photo ID is Required with this Application and at the Time of Move-In. Submitting this application gives Management permission to check Applicant's credit, rental, employment, and criminal history. This form may be used for approving occupancy of any single family home, mobile home, or other living space, and the word "apartment" includes any kind of landlord and tenant or occupancy agreement.

IN ORDER TO BE APPROVED FOR OCCUPANCY, ALL QUESTIONS MUST BE FULLY AND COMPLETELY ANSWERED.

1. PERSONAL INFORMATION

Applicant's Name _____ Birthdate _____

Last Name First Middle Jr/Sr/III Mo. Day Year

Social Security OR Individual Tax ID No. _____ Driver's License No. _____ State _____ Expiration Date _____

Telephone #: _____ Cell Phone #: _____

Email: _____

Name of Any Co-Applicant, Co-Signor, or Guarantor _____ What is the Legal Relationship to Co-Applicant, Co-Signor, or

Guarantor to Applicant? Spouse Parent Roommate Employer Other (Describe): _____

Are You Currently in the U.S. Armed Forces or Reserves? Yes No If "Yes," State Your Rank, Service & Duty Station: _____

Have You Ever Gone By Any Other Name? Yes No If "Yes," What Names? _____

City/State/Country in Which You Were Born _____

Father's Name/DOB: _____ Mother's Maiden Name/DOB: _____

What is the Reason for Moving from your current residence? _____

I learned of this community from _____

2. OTHER OCCUPANTS AND PETS IN HOUSEHOLD

Persons and Pets who are not listed below are NOT authorized to live in the apartment. Unauthorized occupants and pets will be a lease violation.

State All Other Occupants' Names Ages Relationship Social Security or Individual Tax ID No.

1. _____

2. _____

3. _____

4. _____

Do you have pets or service animals? Yes No [NOTE: No Deposit is required for Service Animals] Has Pet Ever Bitten or Attacked Anyone? Yes No

Weight Of Pet (Approx.) _____ Describe Breed, Age, Type & Size of All Pets or Service Animals _____

3. RENTAL HISTORY

1. APPLICANT'S CURRENT RESIDENCE: Name of Owner and/or Apartment Community: _____

Current Address _____ City _____ State _____ Zip _____

Monthly Rent Pmt. \$ _____ From: _____ To: _____ Phone No. _____

2. APPLICANT'S PREVIOUS RESIDENCE: Name of Owner and/or Apartment Community: _____

Previous Address _____ City _____ State _____ Zip _____

Monthly Rent Pmt. \$ _____ From: _____ To: _____ Phone No. _____

Reason for Leaving: _____



4. EMPLOYMENT HISTORY

1. APPLICANT'S CURRENT EMPLOYER: Company Name: Address: City State Zip Phone No. Supervisor's Name Monthly Income (Gross) \$ Job Description Employment Dates: From: To:
*PROVIDE SOURCE OF INCOME TO PAY RENT IF YOU ARE NOT CURRENTLY EMPLOYED (SEE SECTION 9):
2. APPLICANT'S PREVIOUS EMPLOYER: Company Name: Address: City State Zip Phone No. Supervisor's Name Monthly Income (Gross) \$ Job Description Employment Dates: From: To:

5. AUTOMOBILE

Year Make (Ford, etc.) Model (Taurus, etc.) Color License Tag No. State County
Describe Any Other Vehicle, Boat, or Trailer You Are Requesting to Use or Store at the Apartment Community:

6. CONTACT PERSONS

1. Name of Family Member, Other Than Spouse Phone Relationship Address City State Zip
2. Name of Person Other Than Family Member Phone Relationship Address City State Zip

7. BANKING REFERENCE

Checking Acct. (Bank Name) Acct. No. Savings Acct. (Bank Name) Acct. No. Address of Branch Phone Bank Loan Monthly Payment \$ Loan No.

8. CREDIT INFORMATION

Credit Card Acct. No. Balance \$ Credit Card Acct. No. Balance \$ Other Monthly Debt Balance \$ Car Loan With Balance \$

9. OTHER INCOME OR SOURCE OF SUPPORT

Alimony/Child Support \$ Name and Address of Payor Public Assistance \$ Name of Assistance Program Social Security \$ Description of Benefits Retirement \$ Name or Source of Payment Other \$ Describe Other Sources

10. MANDATORY SCREENING QUESTIONS

YOU MUST ANSWER EACH OF THESE QUESTIONS. IF YOU ANSWER "YES" TO QUESTIONS 1-7, YOU MUST PROVIDE ADDITIONAL DETAILS.
1. Have You or Any Person Who Will Be Occupying the Apt. Ever Been Evicted or a Defendant in an Eviction Action?
2. Is Any Apt. Community or Previous Landlord Trying to Collect Money from You or Any Person Who Will Be Occupying the Apt.?
3. Have You or Any Person Who Will Be Occupying the Apt. Ever Filed, Been Discharged From, or Currently Under a Bankruptcy?
4. Have You or Any Person Who Will Be Occupying the Apt. Ever Been Convicted, Charged, Arrested, Indicted, Plead Guilty or No Contest, or Received Deferred Adjudication or Probation to (A) Any Felony? Or (B) Any Misdemeanor Involving a Sexual Offense, Stalking, Illegal Use or Possession of Weapons, Assault, Battery, Theft, Fraud, Bad Checks, Criminal Damage to Property, Trespass, Vandalism, Illegal Possession or Sale of Drugs?
5. Have You or Any Person Who Will Be Occupying the Apt. Ever Been Asked to Move Because of an alleged lease violation of any kind?
6. Have You Ever Lived in This Apartment Community Before?
7. Are You Unemployed?
8. Do you have a legal right to be in the United States?
I have fully and truthfully answered Questions 1-8 above. Applicant's Initials:
Provide Additional Information Here to Explain the Answers to Questions 1-8 above:

FOR MANAGEMENT USE ONLY

EMPLOYMENT VERIFICATION - Date Checked:

EMPLOYER'S NAME	STARTING & ENDING DATES	SALARY	APPLICANT'S JOB TITLE	NO. OF HOURS PER WEEK		NAME, PHONE & TITLE OF PERSON PROVIDING INFORMATION	BY
1. CURRENT:							
2. PREVIOUS:							

RESIDENTIAL HISTORY VERIFICATION - Date Checked:

RESIDENCE ADDRESS	RENT AMOUNT	START & END OF LEASE	LEASE VIOLATIONS	WAS NOTICE GIVEN?	NO. OF TIMES LATE OR WARRANTS	NAME, PHONE & TITLE OF PERSON PROVIDING INFORMATION	BY
1. CURRENT:							
2. PREVIOUS:							

ADDITIONAL SOURCES OF INCOME OR MONEY - DATE CHECKED:

TYPE:	SOURCE:	AMOUNT	IS IT CONSISTENT?	NAME, PHONE & TITLE OF PERSON PROVIDING INFORMATION	BY

CREDIT VERIFICATION - DATE CHECKED:

HOW WAS APPLICANT'S CREDIT CHECKED? BY APT. STAFF BY OUTSIDE SCREENING AGENCY
 NAME OF SCREENING AGENCY: _____ DATE OF CREDIT CHECK OR SCREENING: _____
 WAS POINT SCORING SYSTEM USED? YES NO IF "YES," WHAT WAS THE SCORE? _____
 WHAT RECOMMENDATION WAS MADE BY SCREENING AGENCY? ACCEPT ACCEPT WITH ADDITIONAL SECURITY DECLINE
 IF ONLY CREDIT REPORT WAS USED, WAS CREDIT SATISFACTORY? YES NO IF "NO," EXPLAIN WHY: _____
 ARE THERE ANY DISCREPANCIES IN THE INFORMATION PROVIDED BY APPLICANT AND THE CREDIT REPORT? YES NO IF "YES," WHAT WERE THEY?
 [SOCIAL SECURITY NO. DID NOT MATCH, PREVIOUS ADDRESSES DIFFERED, ETC.] DESCRIBE DISCREPANCIES: _____

BANK ACCOUNT VERIFICATION - DATE CHECKED:

TYPE OF ACCOUNT:	ACCOUNT NO.	AVERAGE BALANCE IN ACCOUNT	NAME, PHONE & TITLE OF PERSON PROVIDING INFORMATION	BY

SUMMARY AND MANAGER'S DECISION

APPLICANT'S INCOME _____ APARTMENT RENT AT TIME OF MOVE-IN \$ _____
 OTHER VERIFIED INCOME _____ Does Applicant Meet Qualifying Standards? YES YES, WITH CONDITION NO
 TOTAL VERIFIED INCOME _____ APPLICATION: APPROVED APPROVED WITH CONDITIONS DISAPPROVED
 COMMENTS: _____

BY: _____ COMMUNITY MANAGER'S SIGNATURE DATE OF MANAGER'S SIGNATURE _____

CHECKLIST

- Government Issued Photo Identification of Applicant. Verified by: _____ on Date: _____ Type of ID Presented: _____
- Citizenship or Visa Identification to Determine Applicant's Eligibility to Live in the U.S. [OPTIONAL]
 Verified by: _____ on Date: _____ Type of ID Presented: _____ Expiration Date: _____
 If Applicant is in the U.S. based on a Visa issued by the USCIS, Place of Entry Into U.S.: _____
 Visa Purpose and Type: _____
 Name, Address and Phone of Persons, Universities, or Businesses Contacted to Verify Visa Information: _____
- Names of Leasing Consultant or Others Who Assisted Applicant: _____
- Date on Which Apartment Community Was Seen or Visited by Applicant: Date: _____
- Date and Time on Which Applicant Submitted a Signed and Completed Application: Date: _____ Time: _____
- Date on Which Credit Report Was Pulled or Credit Was Checked by Outside Screening Agency: Date: _____
- Name of Resident Screening Agency: _____
- How and When Was Applicant Notified of Result of Application Processing? Date: _____ Method of Notification: _____
- Who Notified Applicant of Results? _____
- Steps in Application Verification Process:
 - Employment or Other Sources of Income
 - Rental or Home Owner History
 - Credit History
 - Driver's License or Government Photo ID
 - Valid Government ID demonstrating Eligibility to Live in U.S.
 - Checking and Savings Account Information from Bank
 - Criminal Background Check
 - Prior Evictions
- Does Applicant Meet "Standard" Earnings Rental Qualification Criteria?
 Monthly Rental Rate \$ _____
 Multiply Rent Times 3 x _____ 3
 Amount of Gross Earnings Required Without Considering Monthly Debt \$ _____
 If Applicable, Add Any Recurring Monthly Debt* [SEE NOTE] \$ _____
 Amount of Gross Earnings Required Taking into Account Monthly Debt \$ _____
 If Applicant was declined or required to pay a higher security deposit, was an adverse decision letter sent? Date sent: _____ By: _____
 *[Note: If applicable, Monthly Debt includes car loans, bank loans, and minimum credit card payments.]

