

**SAVANNAH HOUSE OF MOORE**

FOR OFFICE USE ONLY: Leasing Person: \_\_\_\_\_ Apt. Type: \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ Apt. # \_\_\_\_\_

Move-In Special(s): \_\_\_\_\_ Lease Term: \_\_\_\_\_ mos. Move-In Date: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

**OTHER MEMBERS OF HOUSEHOLD, OCCUPANTS AND/OR LESSEES:**

\_\_\_\_\_  
Full Name DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_ Legal Dependant  
[ ] Yes [ ] No

\_\_\_\_\_  
Full Name DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_ Legal Dependant  
[ ] Yes [ ] No

\_\_\_\_\_  
Full Name DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_ Legal Dependant  
[ ] Yes [ ] No

\_\_\_\_\_  
Full Name DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_ Legal Dependant  
[ ] Yes [ ] No

**EMPLOYMENT / INCOME HISTORY:**

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ DATES: From \_\_\_\_\_ To \_\_\_\_\_

EMPLOYER/BUSINESS \_\_\_\_\_  
Street Address City State ZIP (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Applicant's Work Phone

GROSS MONTHLY SALARY \$ \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Supervisor's Daytime Phone

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ DATES: From \_\_\_\_\_ To \_\_\_\_\_

EMPLOYER/BUSINESS \_\_\_\_\_  
Street Address City State ZIP (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Applicant's Work Phone

GROSS MONTHLY SALARY \$ \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Supervisor's Daytime Phone

OTHER INCOME SOURCE: \_\_\_\_\_ AMOUNT PER MONTH \$ \_\_\_\_\_

RECEIVED SINCE MO/YR.: \_\_\_\_\_ VERIFICATION CONTACT: \_\_\_\_\_ CONTACT PHONE (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

**BANK REFERENCES:**

CHECKING ACCT NO \_\_\_\_\_ SAVINGS ACCT NO \_\_\_\_\_ BANK NAME \_\_\_\_\_

**RESIDENCY HISTORY (PAST 3 YRS):**

CURRENT RESIDENCE \_\_\_\_\_  
Street Address City State ZIP (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Applicant's Home Phone

DATES: From \_\_\_\_\_ To \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD \_\_\_\_\_  
Name Street Address City State ZIP (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Landlord's Daytime Phone

PREVIOUS RESIDENCE \_\_\_\_\_  
Street Address City State ZIP (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Applicant's Home Phone

DATES: From \_\_\_\_\_ To \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD \_\_\_\_\_  
Name Street Address City State ZIP (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Landlord's Daytime Phone

**SAVANNAH HOUSE OF MOORE**

**VEHICLE INFORMATION:**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**OTHER INFORMATION:** HOW WERE YOU REFERRED TO US? \_\_\_\_\_

**PET INFORMATION:** DO YOU HAVE ANY PETS \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ KIND \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_

**EMERGENCY CONTACT:** NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. (\_\_\_\_\_) \_\_\_\_\_

**HAS THE APPLICANT OR ANY MEMBER OF THIS HOUSEHOLD:** (IF YES TO ANY PLEASE INCLUDE A WRITTEN EXPLANATION)

- YES  NO BEEN CONVICTED OF A FELONY? \_\_\_\_\_
- YES  NO BEEN CONVICTED OF A VIOLENT CRIME? \_\_\_\_\_
- YES  NO BEEN EVICTED FROM TENANCY? \_\_\_\_\_
- YES  NO BEEN SUED FOR RENT OR DAMAGES TO RENTAL PROPERTY? \_\_\_\_\_
- YES  NO BROKEN A RENTAL CONTRACT OR LEASE AGREEMENT? \_\_\_\_\_
- YES  NO BEEN ARRESTED FOR A FELONY OFFENSE INVOLVING ACTUAL/POTENTIAL PHYSICAL HARM TO A PERSON(S) INVOLVING POSSESSION, MANUFACTURE, OR DELIVERY OF A CONTROLLED SUBSTANCE, MARIJUANA, DRUG PARAPHENALIA, OR WEAPONS? \_\_\_\_\_

**RESIDENT CRITERIA: ALL APPLICANTS WILL BE APPROVED ON THE FOLLOWING BASIS**

1. HEAD OF HOUSEHOLD MUST BE 55 YEARS OF AGE OR OLDER. ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER MUST SUBMIT APPLICATION AND BE A PARTY ON THE LEASE.
2. APPLICANT WILL BE OF LEGAL AGE TO CONTRACT, 18 YRS. EMANCIPATIONS ARE NOT ACCEPTED TO VOID THIS REQUIREMENT.
3. A VALID PHOTO I.D. IS REQUIRED TO VIEW OR LEASE AN APARTMENT, MUST NOT BE EXPIRED OVER 30 DAYS. WE ACCEPT THE FOLLOWING IDENTIFICATION CARDS: STATE ISSUED DRIVER'S LICENSE OR I.D. CARD (STATES WITHIN U.S.A.), ALIEN REGISTRATION I.D. WITH PHOTO, AND INTERNATIONAL PASSPORTS.
4. MAXIMUM NUMBER OF OCCUPANTS PER APARTMENT IS TWO PERSONS PER BEDROOM: (OCCUPANTS ARE PERSONS OVER THE AGE OF TWO YEARS.) ONE BEDROOM = 2 PERSONS, TWO BEDROOM = 4 PERSONS, THREE BEDROOM = 6 PERSONS.
5. HOUSEHOLD MUST HAVE A VERIFIABLE RE-OCCURRING SOURCE OF INCOME. APPLICANTS MUST PROVE CONSECUTIVE EMPLOYMENT/INCOME HISTORY FOR AT LEAST ONE YEAR & PROVIDE A COPY OF MOST RECENT CHECK STUB OR PREVIOUS YEAR'S TAXES REFLECTING "ADJUSTED GROSS INCOME", NET INCOME EARNED AFTER EXPENSES. OTHERWISE THE HOUSEHOLD NOT MEETING THIS REQUIREMENT MAY OBTAIN A "GUARANTOR."
6. EACH APPLICANT IN THE HOUSEHOLD MUST HAVE RESIDENT/RENTAL HISTORY FOR A MINIMUM OF SIX MONTHS, AND HAVE ALL GOOD RENTAL HISTORY. IF THE APPLICANT HAS NOT ESTABLISHED RENTAL HISTORY OF AT LEAST SIX MONTHS:
  - A. YET MEETS ALL OTHER REQUIREMENTS, THE APPLICANT MAY PAY A "DOUBLE" SECURITY DEPOSIT IN LIEU OF RENTAL HISTORY REQUIREMENT.
  - B. OR THE APPLICANT MAY OBTAIN A QUALIFYING "GUARANTOR".
  - C. PROVIDE PROOF OF DEPENDANT STATUS TO ANOTHER MEMBER OF THE HOUSEHOLD WHO MEETS THIS REQUIREMENT BY LEGAL DOCUMENTATION, I.E. PAST INCOME TAX COPIES, GUARDIANSHIP/COSTODY DOCUMENTS, OR MARRIAGE LICENSE.
 NEITHER, GUARANTOR OR DOUBLE DEPOSIT WILL BE ACCEPTED IN LIEU OF BAD RENTAL HISTORY, I.E. EVICTION, OVERDUE BALANCE, ETC.
7. INCOME REQUIREMENTS: GROSS MONTHLY INCOME PER HOUSEHOLD MUST BE TWO (2) TIMES THE AMOUNT OF MONTHLY RENT ON THE CHOSEN APARTMENT PER MONTH. GUARANTOR APPLICATIONS WILL BE CONSIDERED SEPARATE AND APART FROM HOUSEHOLD MEMBERS.
8. ONE PET PER APARTMENT ALLOWED. 20 LBS. WEIGHT LIMIT. A \$500 PET DEPOSIT MUST BE PAID. \$400 NON-REFUNDABLE PER PET. A PHOTO OF PET MUST BE PROVIDED TO MANAGEMENT PRIOR TO MOVE IN. THERE IS A MONTHLY PET PAYMENT OF \$10 WHICH IS NON-REFUNDABLE.
9. PERSONS CONVICTED OF VIOLENT CRIMES WILL BE DENIED RESIDENCY.
10. FALSE INFORMATION GIVEN ON THIS APPLICATION SHALL BE GROUNDS FOR OWNER'S REJECTION OF THIS APPLICATION, NON-RETURN OF DEPOSIT(S), TERMINATION OF RIGHT OF OCCUPANCY AND LEASE AGREEMENT.

**The Lease/Application Fee is a non-refundable fee and is due in separate payment from security deposit. BOTH MUST BE PAID AT THE TIME OF APPLICATION IN SEPARATE CHECK OR MONEY ORDERS. Required Lease/Application Fees: One Bedroom = \$35 per person. Two Bedroom = \$35 per person. Required Security Deposits: One Bedroom = \$100, and Two Bedroom = \$200. The security deposit will be refunded only if application is rejected/denied. I have read and understand the criteria from which my application will be approved.** Applicant represents that all of the information and statements provided are true and complete. By execution of this application, I hereby authorize Carlsbad Management Group, LLC or its' agent to make such investigations into my credit, employment, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. False information given on this application shall be grounds for owner's rejection of this application, non-return of deposit(s), termination of right of occupancy and Lease Agreement, and may constitute criminal offense. Applicant agrees and provides this information with the understanding that lessor may, at its option, report said information to established reporting agencies. Applicant hereby releases lessor from any liability therefrom. This application is preliminary only and does not obligate owner or owner's agent to execute a lease. The applicant hereby waives any claim to damages by reason of non-acceptance. **Title VIII of the CIVIL RIGHTS ACT of 1968 makes discrimination based on race, color, religion, sex, familial status, disability, or national origin illegal in connection with the rental of most housing.**



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

DATE SIGNED \_\_\_\_\_

SAVANNAH HOUSE OF MOORE

FOR OFFICE USE ONLY: Leasing Person: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ Apt. Type: \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_  
Move-In Special(s): \_\_\_\_\_ Lease Term: \_\_\_\_\_ mos. Move-In Date: \_\_\_\_\_

**RENTAL APPLICATION ADDENDUM (ONLY USE IF NEEDED) - THIS ADDENDUM IS PART OF THE RENTAL APPLICATION.**

APPLICANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
First Middle Last

**ADDITIONAL EMPLOYMENT / INCOME HISTORY:**

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ DATES: From \_\_\_\_\_ To \_\_\_\_\_

EMPLOYER/BUSINESS \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State ZIP Applicant's Work Phone

GROSS MONTHLY SALARY \$ \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Supervisor's Daytime Phone

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ DATES: From \_\_\_\_\_ To \_\_\_\_\_

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GROSS MONTHLY SALARY \$ \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Supervisor's Daytime Phone

**ADDITIONAL RESIDENCY HISTORY (PAST 3 YRS):**

PREVIOUS RESIDENCE \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State ZIP Applicant's Home Phone

DATES: From \_\_\_\_\_ To \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Street Address City State ZIP Landlord's Daytime Phone

PREVIOUS RESIDENCE \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State ZIP Applicant's Home Phone

DATES: From \_\_\_\_\_ To \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Street Address City State ZIP Landlord's Daytime Phone

Applicant represents that all of the information and statements provided are true and complete. By execution of this application, I hereby authorize Carlsbad Management Group, LLC or its' agent to make such investigations into my credit, employment, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. False information given on this application shall be grounds for owner's rejection of this application, non-return of application deposit(s), termination of right of occupancy and Lease Agreement, and may constitute criminal offense. Applicant agrees and provides this information with the understanding that lessor may, at its option, report said information to established reporting agencies. Applicant hereby releases lessor from any liability therefrom. This application is preliminary only and does not obligate owner or owner's agent to execute a lease. The applicant hereby waives any claim to damages by reason of non-acceptance.

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

DATE SIGNED \_\_\_\_\_

