

SAVANNAH HOUSE OF NORMAN 2

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:

_____	DATE OF BIRTH ____/____/____	S.S.# ____-____-____	Legal Dependant
Full Name			[] Yes [] No
_____	DATE OF BIRTH ____/____/____	S.S.# ____-____-____	Legal Dependant
Full Name			[] Yes [] No
_____	DATE OF BIRTH ____/____/____	S.S.# ____-____-____	Legal Dependant
Full Name			[] Yes [] No
_____	DATE OF BIRTH ____/____/____	S.S.# ____-____-____	Legal Dependant
Full Name			[] 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 NORMAN 2

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 and 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 NORMAN 2

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 _____

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

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.

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 _____

