

RENTAL APPLICATION

Agent/Ph: _____

Today's Date _____ Date of anticipated move in _____
Property address _____
Proposed rent _____ Security deposit _____ Pets? _____

Applicant

Full name of applicant _____
Present Address _____
Telephone Numbers. Home: _____ Cell: _____ Work: _____
D.O.B. _____ social security # _____ Driver's license _____
Email address: _____

Applicant's employment

Name of present employer _____
Address _____
Position _____ Date started _____ Monthly income _____
Supervisor's name _____ phone _____
Name of previous employer _____
Address _____
Position _____ Date started _____ Monthly income _____
Supervisor's name _____ phone _____
Other sources of income _____

Spouse/Co-Applicant

Full name _____
Present Address _____
Telephone: (home) _____ (cell) _____ (work) _____
D.O.B. _____ Social Security # _____ Driver's license _____
Email: _____

Spouse/Co-Applicant's employment

Name of present employer _____
Address _____
Position _____ Date started _____ Monthly income _____
Supervisor's name _____ phone _____
Name of previous employer _____
Address _____
Position _____ Date started _____ Monthly income _____
Supervisor's name _____ phone _____
Other sources of income _____

Present Landlord or mortgage company

Telephone numbers _____ (2ndary) _____
Monthly rent or mortgage payment _____ Date of move-in _____ Date of move-out _____

Previous Landlord or mortgage company

Telephone numbers (Hm/Wk) _____ (2ndary) _____
Monthly rent or mortgage payment _____ Date of move-in _____ Date of move-out _____

Personal References

Name _____ phone _____
Address _____

Relation to applicant: _____ Which Applicant: _____ Yrs known: _____

Name _____ phone _____

Address _____

Relation to applicant: _____ Which Applicant: _____ Yrs known: _____

Name _____ phone _____

Address _____

Relation to applicant: _____ Which Applicant: _____ Yrs known: _____

Emergency

In case of emergency contact _____

Relationship _____ phone _____

Occupants

List all occupants _____

Pets

List any pets: Type _____ Breed _____ Weight _____ Name _____ Age: _____

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List Vehicles _____

Credit/Criminal History

Bank name _____ phone _____

Checking? _____

List credit obligations with minimum monthly payment: _____

(Credit alone is not a deterrent. We will consider the entire application. Please attach letter of explanation for any known credit issues)

Have any of the occupants listed above ever been: Convicted of a felony? _____ Received deferred adjudication for a felony? _____

Been Evicted/When? _____

Broken a Lease/When? _____

Declared bankruptcy/When Discharged? _

(Use additional sheet to explain) _____

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes the Landlord or Landlord's representative to investigate all of the information in this application and to obtain credit reports and background checks on the above listed applicant(s). If applicant or co-applicant has given any false information, Landlord is entitled to reject the application, and retain all application fees as liquidated damages for Landlord's time and expenses in processing this application. Applicant must include a nonrefundable application fee of \$50 for individual applicants or \$75 for two applicants.

Signature of applicant _____ Date _____

Co-Applicant _____ Date _____

- **Return application with two months paycheck stubs for each adult and a drivers license via fax to 678-281-0532 or scan and email to manager@newhousealliance.com.**
- **Pay application fee (\$50 individual/\$75 couple) at newhousealliance.com. Additional \$29 screening fee paid separately after receipt of application. You will be emailed acknowledgement and any instructions.**



NEWHOUSE ALLIANCE
A Real Estate Services Company

7649 Crestwicke Crossing Drive | Jonesboro, GA 30236
Office 404-981-5345 | Main 404-493-6579 | Fax 678-281-0532

Residency Verification Form

(We will send this to your landlord. Just fill in your name and sign bottom)

Applicant: _____

Applicant: _____

The above applicant has applied for occupancy at a rental property and has consented to verification of rental history. We would appreciate your assistance in assessing their rental history. Please fax completed form to 678-281-0532.

TO BE COMPLETED BY LANDLORD:

1. Rental address: _____
2. Landlord/Manager: _____
3. Rental Period: FROM: _____ TO: _____
4. Number of Late Payments: 5-15 days _____ 16-30 days _____ Over 30 days _____
5. Did you have to file any warrants for eviction? _____
6. Did the tenant receive their deposit back? _____
7. Does the tenant owe outstanding balances? _____ How much? _____
8. Did the tenant cause any damages? _____
9. Did the tenant give proper notice? _____
10. Would you re-rent to the tenant? _____
11. Are you related to the tenant? _____

LANDLORD NAME: _____ TITLE: _____

Signature: _____ DATE: _____

Newhouse Alliance is authorized to investigate my rental history. I authorize release of this information.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above has applied for a home in which the landlord requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Newhouse Alliance Corp
Fax: 678-281-0523
manager@newhousealliance.com

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ No ___ Start Date _____ Last Day of Employment _____

Currently Wages/Salary: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

Average # of regular hours per week: _____ Year-to-date earnings: \$_____ through __/__/__

Overtime Rate: \$_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's Title Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.