Grant Family Investments - Rental ApplicationNotice: All adult applicants (18 years or older) must complete a separate application.

APPLICANT INFORMATION

Name:		DOE	3:SSN:	
		M.I.	- "	
	Work Phone:		Email:	
Other dependents (17 y	ears or younger) to occupy ur	<u>iit</u> :		
Name:		Age:	Relationship:	
Name:		Age:	Relationship:	
RESIDENCE HISTORY (for the past <u>5 years</u> – Use addit	ional pages as nec	cessary):	
Present Address:				
City, State, Zip:			Own: Rent:	Mo. Payment:\$
	Reason for leaving:			
Landlord Name:			Phone:	
Landlord is a: Propert	y Manager 🗌 Property Owner?	Are you related o	or a personal friend with the La	andlord? Yes 💹 No 💹
Provious Address:				
City, State, Zip:			Own: Rent:	Mo. Payment\$
How long there:	Reason for leaving:		Own rtent	ivio. i ayinentφ
			DI.	
Landlord is a: Propert	y Manager or Property Own	er? Are vou relate	d or a personal friend with the	Landlord? Yes No N
Landiora io a r report	, manager or reports own	or. 7 ii o y ou roiato	a or a porconal mona with the	Landiora: 100 110
INCOME				
<u></u>	ent (for the next E vecto):			
Status: Status	<u>ent</u> (for the past 5 years):]Part-time #Hours/week:_		anloyed Ctudent Cotin	ad Dillaamalayad
Current Employer:	nan-time #nours/week Addr	[]26 El	npioyedStudentRetir	eaonemployea
Docition:	Audit	visor Namo:		Phone:
Date started:	Addre Superv Rate of pay: \$	l ikelihoo	d of Continued Employment:	riione
	Nate of pay: Source:			
				tilly ilicome. φ
Previous Employer:	Addre	ess:		DI
Position:	Superv	risor Name:	d of Continued France	Phone:
Date started:	Rate of pay: \$	LIKEIINOO	a of Continued Employment:_	
Emergency 1	P	hone Number:	Relationshi	p
Contacts: 2	P	hone Number:	Relationshi	p
Personal 1	P	hone Number:	Relationshi	ρ
References: 2.	F	Phone Number:	Relationsh	ip
				<u> </u>
OTHER PERSONAL INF	<u>ORMATION</u>			
Do you or anyone occupy	ving the home smoke? Γ	∃Yes ⊟No)	
Do you own any animals?		= =	How many and what kind?_	
	_	_	·	
	Year:	LICEN	೨೮ #	. Olale
Bank Name		<u> </u>		
	Chaal		all that apply Savings Account	
	oneci	ning Account	Javings Account 🔛	

List regular monthly payments (debts, utilities, loans, credit cards, etc): \$					
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
<u> </u>					
List any outstanding judgments, liens, and collections:					
*Have you ever filed for bankruptcy? *Have you ever willfully or intentionally refused to pay rent when due? *Have you ever been party to an eviction or left owing money? *Have you ever been arrested, charged or convicted of a felony or major crime? **Have you ever been arrested, charged or convicted for a drug/paraphernalia crime? Yes No **Have you ever been arrested, charged or convicted for a drug/paraphernalia crime?					
If yes, explain:					
Government Issued Identification or Driver's License Info Number: Issuing State: Date of Issue: Expires:					
Desired date of occupancy:					
PLEASE READ CAREFULLY					
This rental application will NOT be considered complete until copies of the following are attached and statements below checked as complete:					
I have attached a copy of my Driver's License/State ID. I have attached verification of income (pay stubs, bank statements, etc.) covering a minimum of the last 2 months. If different than what's listed on my State ID or paycheck, I have attached verification of my current address. I have not misrepresented my rental history or falsified landlord information.					
Property is rented on a first-come/first-serve basis with applicants who can complete all of the necessary requirements.					
How did you hear about this property?					
Please include any other information you believe would help to evaluate this application:					

^{*}Credit and civil background checks only consider the last 7 years to determine suitability.

^{**}Convictions older than 5 years from the date of this application are not considered unless they are related to: distribution, manufacture, sale of methamphetamines or illegal possession of the materials required to make meth, any offense that requires the applicant to register as a sex offender, offenses classified as homicide or stalking.

ACKNOWLEDGEMENT

Unit Address:				
Monthly Rent:	Deposit Amount:			
I hereby certify that the information contained in this rental application is true and correct to the best of my knowledge. I understand that any false information supplied on this form may cause this application not to be approved. Any prepaid deposit paid by applicant shall be immediately refunded in full if this application is not approved; non-refundable if application is approved but applicant fails to occupy the premises.				
I hereby give my permission for representatives from Grant Family Investments to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.				
I understand that the landlord may terminate any rental deposit for any misrepresentation made in this documer of this document may be treated as an original.				
Print Name	Signature			
Date				

Consumer Report Disclosure and Authorization

In connection with my application for housing, I understand that the landlord may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

Equifax, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111 **Trans Union**, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA, 92631, (714) 738-3800 **Experian (TRW)**, Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742 **LexisNexis**, 9443 Springboro Pike, Dayton, OH 45342, (888) 285-3947

You can submit this form electronically by hitting submit below. Please make sure all of you information is complete before submitting. Incomplete or incorrect applications will not be considered. You can also scan/save and email this form and the required attachments to GrantFamilyInvestments@gmail.com.