

GRACE WOODLANDS RENTAL APPLICATION

- Each adult applicant (18 years of age or older) must complete an application.
- Incomplete applications will not be considered.
- Your application will be denied if you misrepresent any information in this application.
- Please print legibly.
- Proof of identification is required.
- Proof of income is required (W-2 or recent pay stub).
- Documents can be emailed to apts@graceluthfound.com or via paper copy to Housing Administrator.

Current Date: _____ Date of Anticipated Move in: _____

Type of Unit Requested (1 bedroom/2 bedroom): _____

PERSONAL INFORMATION

Applicant's Full Name: _____ Date of Birth: _____
FIRST MIDDLE INITIAL LAST

List any prior names that you have used: _____ Social Security No: _____

Address: _____
CITY STATE ZIP

D.L No: _____ Email: _____

Phone: _____ Other Phone: _____

OTHER OCCUPANTS <i>(include full names)</i>	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RENTAL HISTORY

Current Address: _____
CITY STATE ZIP

Current Landlord: _____ From Date: _____

Phone: _____ To Date: _____

Reason for Moving? _____ Current Rent Amount: _____

Previous Address: _____
CITY STATE ZIP

Landlord: _____ From Date: _____

Phone: _____ To Date: _____

Reason for Moving? _____ Rent Amount: _____

Have you ever been evicted? _____ If yes, please provide circumstances: _____



EMPLOYMENT HISTORY

Current Employer: _____ Start Date: _____

Address: _____
CITY STATE ZIP

Job Title: _____ Gross Monthly Income (before deductions): _____

Supervisor: _____ Phone: _____

Other Employer: _____ Start Date: _____ End Date: _____

Address: _____
CITY STATE ZIP

Job Title: _____ Gross Monthly Income (before deductions): _____

Supervisor: _____ Phone: _____

OTHER SOURCES OF INCOME

List any additional income to be considered – verification is required: _____

CREDIT & FINANCIAL INFORMATION

Bank: _____ Account No: _____ Account Type: _____

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Credit References (auto loans, personal loans, credit cards)

Type: _____ Name of Creditor: _____ Account No: _____

Total Amount Owed: _____ Monthly Payment Amount: _____

Type: _____ Name of Creditor: _____ Account No: _____

Total Amount Owed: _____ Monthly Payment Amount: _____

OTHER INFORMATION

Automobiles and Other Vehicles

Make and Type: _____ Year: _____ Color: _____ Lic. No: _____

Make and Type: _____ Year: _____ Color: _____ Lic. No: _____

Do you have any pets? _____ If yes, what type and how many? _____

Do you own furniture? _____ Do you smoke or vape? _____

Personal References

Name: _____ Phone: _____ Relationship: _____

Address: _____
CITY STATE ZIP

Name: _____ Phone: _____ Relationship: _____

Address: _____
CITY STATE ZIP

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Address: _____
CITY STATE ZIP



The rental of this property is limited to the use and occupancy by the individuals listed above without any right to sublet any or all of the property.

I enclose the sum of \$_____ for the purpose of purchasing my consumer credit report.

I understand that if I have misrepresented any information on this application, my application will be denied.

I authorize Landlord to do the following:

- (1) Contact any individuals and/or businesses listed above and verify all of the information provided in this application before, during, and/or after my tenancy, and
- (2) Obtain a copy of my consumer credit report.

I certify that all of the information provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Print Name

NOTE: A security deposit is required from every tenant against damage or loss to the premises and the security deposit CANNOT be used for the last month's rent.

Landlord is using public records provided by a third-party service to determine your eligibility to rent. Neither Landlord, nor the third-party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.

UNIT INFORMATION (To be Completed by Landlord)

Date Application Received: _____

Utilities Included: Garbage and Water _____

Address: _____

Unit No: _____

Monthly Rental Amount: _____ Security Deposit Amount: _____

Type of Tenancy (i.e. 12 month lease, month to month, etc.): _____

Additional Information:



GUARANTEE OF LEASE AGREEMENT

Name of person responsible for: _____

Address: _____
CITY STATE ZIP

GUARANTOR INFORMATION

Name of Guarantor: _____

Address: _____
CITY STATE ZIP

Phone Number: _____ Email Address: _____

Birth Date: _____ Social Security Number: _____

Employed by: _____ Position: _____

Address: _____
CITY STATE ZIP

Supervisor: _____ Phone: _____

Gross Income per month: _____ Length of employment: _____

Alternate Income Source: _____ Position: _____

Address: _____
CITY STATE ZIP

Supervisor: _____ Phone: _____

Gross Income per month: _____ Length of employment: _____

Landlord or Mortgage Holder: _____ Phone: _____

Address: _____
CITY STATE ZIP

GUARANTOR INFORMATION

This Guarantee of Lease Agreement is authorization for the investigation of the references listed hereon. This document is a permanent Addendum to the Lease and subsequent renewals, complete with a Credit Report.

Guarantee: In consideration of the Landlord's Agreement of the Lease, the undersigned guarantees the payments of all amounts due under the lease and the performance of the covenants by the tenant.

Signature of Guarantor Date

NOTARY SEAL

Dated this _____ day of _____, 20

Commission Expires

Signature of Notary Public

Note: This document must be notarized.