

CREDIT APPLICATION

Please contact the GSC community of your choice for availability, fees and instructions for submitting your application.

We hope we have an apartment that is right for you, but we cannot commit ourselves until we process and approve your application.
If you have a disability and need accommodation, please let us know.

★ PLEASE FILL OUT APPLICATION COMPLETELY. IF UNKNOWN, WRITE *UNKNOWN*. IF NOT APPLICABLE, WRITE *N/A*. ★
PLEASE INCLUDE FULL LEGAL NAMES (NO NICKNAMES PLEASE) OF ALL POTENTIAL RESIDENTS, OCCUPANTS, OR GUARANTORS

First	Middle	Last	Social Security Number/ ITIN	Relationship	Resident, Occupant or Guarantor	Date of Birth	Age	Gender (Optional)

1. CURRENT RESIDENCE Address/City/State/Zip _____

Cell Phone # _____ Home Phone # _____ Email Address _____

Own Rent How long? _____ Monthly Payment \$ _____ Mortgage Holder/Landlord _____ Phone # _____

2. PREVIOUS RESIDENCE Address/City/State/Zip _____

Own Rent How long? _____ Monthly Payment \$ _____ Mortgage Holder/Landlord _____ Phone # _____

3. APPLICANT'S EMPLOYER _____ Address/City/State/Zip _____

How long? _____ Monthly pay (before deductions) \$ _____ Position _____ Phone # _____

4. SPOUSE'S EMPLOYER _____ Address/City/State/Zip _____

How long? _____ Monthly pay (before deductions) \$ _____ Position _____ Phone # _____

5. ADDITIONAL INCOME (alimony, child support, interest, dividends, income from rental property, etc.)

1) Amount \$ _____ Per _____ Source _____ 2) Amount \$ _____ Per _____ Source _____

6. VEHICLES Make _____ Model _____ Year _____ License Plate # _____ State _____

Make _____ Model _____ Year _____ License Plate # _____ State _____

7. HOW MANY OF THE FOLLOWING DO YOU OWN? Recreational Vehicle _____ Truck _____ Waterbed _____ Piano _____ Safe _____

8. WILL YOU BE MAINTAINING A PET? Yes or No If yes, what breed? 1) _____ Weight _____ 2) _____ Weight _____

Pets are not allowed on the premises without prior written consent which does not have to be given and which can be revoked at any time.

9. HAVE YOU EVER BEEN FOUND BY A JUDGE TO BE BANKRUPT, OR HAD ANY JUDGMENTS, REPOSSESSIONS, GARNISHMENTS, OR OTHER RELATED LEGAL PROCEEDINGS FILED AGAINST YOU? Yes or No If yes, explain _____

10. EXCLUDING MINOR TRAFFIC VIOLATIONS, HAVE ANY OF THE INDIVIDUALS NAMED ABOVE EVER BEEN CONVICTED OF:

A FELONY? Yes or No If Yes, date(s) _____ Explain _____

OTHER CRIMES? Yes or No If yes, date(s) _____ Explain _____

11. WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE? _____

12. NAMES OF TWO PEOPLE TO CONTACT IN CASE OF AN EMERGENCY (not living with you)

Name _____ Relationship _____ Address _____ Phone # _____

Name _____ Relationship _____ Address _____ Phone # _____

Applicant represents that all statements and representations herein made are true and correct to the best of applicant's knowledge. Applicant hereby authorizes verification of such statements including the release of any and all criminal records from any jurisdiction, credit reports, mortgage and/or rental history, employment and income verification, and/or student status information for the purpose of processing an application for apartment rental. Applicant agrees that if any such information is misleading, incorrect or untrue, the Owner shall have the right to consider application falsified and reject applicant's request to rent. Applicant waives any claim for damages by reason of non-acceptance of this application. Applicant understands that cancellation of this application must be in writing and that the Hold Deposit will be forfeited if written cancellation is received after 3 days of the date of application and the application has been approved.

APPLICANT OR GUARANTOR SIGNATURE _____ **DATE** _____ **APPLICANT OR GUARANTOR SPOUSE'S SIGNATURE** _____ **DATE** _____

PAYING BY CHECK: When a check is presented, Owner is authorized to process the payment as a check transaction or to use information from the check to make a one-time electronic fund transfer from the account. When information from a check is used to make an electronic fund transfer, funds may be withdrawn from the account as soon as the same day the check is received, and the check will not be returned to the presenter by the financial institution.

PROPERTY _____	MOVE-IN DATE _____	FOR OFFICE USE ONLY
ADDRESS _____	RENT \$ _____	REC'D BY: LEASING INITIALS _____ DATE _____
NON-REFUNDABLE APPLICATION FEE OWED \$ _____ DATE PAID _____		FORM 977, LBP DISCLOSURE, GIVEN TO RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> N/A
<input type="checkbox"/> VISA/MC/CHECK CARD <input type="checkbox"/> CK/MO # _____		
HOLD DEPOSIT OWED \$ _____ <input type="checkbox"/> REFUNDABLE <input type="checkbox"/> NON-REFUNDABLE DATE PAID _____		<input type="checkbox"/> VISA/MC/CHECK CARD <input type="checkbox"/> CK/MO # _____
<input type="checkbox"/> APPLICATION FEE WAIVED BECAUSE _____		<input type="checkbox"/> HOLD DEPOSIT WAIVED BECAUSE _____
NAME ON ID _____	NAME ON ID _____	
ADDRESS ON ID _____	ADDRESS ON ID _____	
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____	
ID# OR STUDENT ID# _____	DATE OF BIRTH _____	ID# OR STUDENT ID# _____ DATE OF BIRTH _____

