

CREDIT APPLICATION FOR APARTMENT

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 APPLICANTS, OCCUPANTS, OR COSIGNERS

First	Middle	Last	Social Security/ Tax ID Number	Relationship	Resident, Occupant, or Cosigner	Date of Birth	Age	Sex (Optional)

1. CURRENT RESIDENCE

Address _____ City _____ State _____ Zip _____ Cell Phone _____ Home Phone # _____
 Own or Rent \$ _____
 How long? _____ Monthly Payment _____ Name of Mortgage Holder, Landlord or Apartment Community _____ Phone # _____

2. PREVIOUS RESIDENCE

Address _____ City _____ State _____ Zip _____
 Own or Rent \$ _____
 How long? _____ Monthly Payment _____ Name of Mortgage Holder, Landlord or Apartment Community _____ Phone # _____

3. APPLICANT'S EMPLOYER

Name _____ Length of Employment _____ Monthly Gross (before tax) pay _____ Phone # _____
 Position _____ Address _____ City _____ State _____ Zip _____

4. SPOUSE'S EMPLOYER

Name _____ Length of Employment _____ Monthly Gross (before tax) pay _____ Phone # _____
 Position _____ Address _____ City _____ State _____ Zip _____

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

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

6. BANK ACCOUNTS

Checking: name of bank _____ account # _____
 Savings: name of bank _____ account # _____

7. REAL ESTATE OWNED

Description _____ Address _____ City _____ State _____ Zip _____

8. ARE YOU IN THE MILITARY? Yes or No If yes, Active or Inactive

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

10. HOW MANY OF THE FOLLOWING DO YOU OWN? Boat _____ Trailer _____ Truck _____ Motorcycle _____ Waterbed _____
 Piano _____ Safe _____ Antenna* _____ Satellite Dish* _____ *Management must give written permission for installation of an antenna/satellite dish.

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

12. 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 _____

13. EXCLUDING MINOR TRAFFIC VIOLATIONS, HAVE ANY OF THE INDIVIDUALS NAMED ABOVE EVER BEEN CONVICTED OF A MISDEMEANOR, FELONY, OR OTHER CRIMINAL ACTIVITY? Yes or No If yes, locality _____ date(s) _____ If yes, explain _____

14. HAVE YOU EVER BEEN REFUSED RESIDENCY? Yes or No If yes, explain _____

15. WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE? _____

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

Name _____	Address _____	City _____	State _____	Zip _____	Relationship _____	Phone # _____
Name _____	Address _____	City _____	State _____	Zip _____	Relationship _____	Phone # _____

Applicant represents that all statements and representations herein made to induce Owner to rent an apartment to applicant are true and correct to the best of applicant's knowledge. Applicant hereby authorizes verification of such statements including the release of any police records from any jurisdiction, or credit, mortgage or rental history, employment, 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 the Lease breached and take remedies as provided therein. Applicant waives any claim for damages by reason of non-acceptance of this Application, which the Owner may reject. Applicant understands that Hold Deposit will be forfeited if application is cancelled after 3 days of the date of application and application is approved.

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

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

c.w. Leasing c.y. Applicant

