

MOVE-IN DATE _____

MO. RATE _____

the garibaldi company

property management services

PRO-RATE _____ DATE _____
(FIRST PAYMENT TO BE MADE IN CASHIERS CHECK, OR MONEY ORDER)

INITIAL _____

RENTAL APPLICATION

SPECIAL _____

COMPLEX NAME _____ DATE _____

STREET _____ APT _____
ADDRESS _____ NO. _____ CITY _____ STATE _____ ZIP CODE _____

APARTMENT IS TO BE LEASED RENTED-MONTH TO MONTH / ADDITIONAL \$25 CHARGE MONTHLY

PERSONAL INFORMATION

PRINT NAME IN FULL _____ DRIVER'S LIC. NO. _____ STATE _____

SPOUSE'S FULL NAME _____ DRIVER'S LIC. NO. _____ STATE _____

CURRENT HOME ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

REASON FOR MOVING _____

CURRENT LANDLORD'S NAME/ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____ HOW LONG \$ _____

NAMES OF PERSONS TO OCCUPY APARTMENT 1. _____ RELATIONSHIP _____ 3. _____ RELATIONSHIP _____

2. _____ RELATIONSHIP _____ 4. _____ RELATIONSHIP _____

DO YOU OWN A WATER BED? NO YES If Yes, applicant must provide management with proof of insurance

DO YOU HAVE A PET? NO YES If Yes, a \$500 pet deposit is required and pet cannot be any larger than 15 lbs.

SOCIAL SECURITY NO. YOURS _____ SPOUSE _____

AUTO MAKE AND YEAR _____ COLOR _____ LIC. NO. _____ STATE _____

AUTO MAKE AND YEAR _____ COLOR _____ LIC. NO. _____ STATE _____

EMERGENCY NAME & ADDRESS _____ RELATIONSHIP _____ PHONE# () _____

DATE OF BIRTH YOURS _____ SPOUSE _____

PREVIOUS TENANCY

HAVE YOU EVER BEEN EVICTED? _____ IF YES EXPLAIN _____

PREVIOUS ADDRESS _____ CITY _____ PHONE# () _____

PREVIOUS LANDLORD'S NAME _____ HOW LONG _____ \$ _____

ADDRESS _____ CITY _____ PHONE# () _____

REASON FOR MOVING _____

EMPLOYMENT

YOUR EMPLOYER _____ HOW LONG _____

ADDRESS _____ PHONE# () _____

JOB TITLE _____ FROM _____ TO _____ GROSS MONTHLY INCOME \$ _____

OTHER INCOME \$ _____ SOURCE _____

SPOUSE'S EMPLOYER _____ HOW LONG _____

ADDRESS _____ PHONE# () _____

JOB TITLE _____ FROM _____ TO _____ GROSS MONTHLY INCOME \$ _____

PREVIOUS EMPLOYER _____ HOW LONG _____

ADDRESS _____ PHONE# () _____

JOB TITLE _____ FORM _____ TO _____ GROSS MONTHLY INCOME \$ _____

FINANCIAL

NAME OF BANK _____ CITY _____ ACCT. TO. _____ CHECKING SAVINGS

CREDIT REFERENCE _____ ACCT. NO. _____ HOW LONG _____

CREDIT REFERENCE _____ ACCT. NO. _____ HOW LONG _____

DO YOU OWN ANY REAL ESTATE? _____ IF YES IN WHICH COUNTY AND STATE? _____

REFERENCE

NAME _____ CITY _____ PHONE# () _____

NAME _____ CITY _____ PHONE# () _____

Have you ever filed a petition in bankruptcy? _____ Have you ever been evicted? _____ Have you refused to pay rent when due? _____

I hereby authorize _____ or it's agents to verify the above information and obtain either a consumer or investigative credit report.

I understand the \$ _____ fee for verifying this rental application is not a deposit or rent and will not be applied to future rent or refunded even if this application to rent is declined. **NOTE: ALL APPLICANTS MUST SIGN BELOW.**

_____ DATE _____

_____ DATE _____

I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY.

I acknowledge and agree that the rental agreement contemplated may not be executed or that the owner, manager or agent of the apartment complex may terminate such agreement without further notice if such agreement is executed based upon reliance upon any false or misleading statement made herein.

Because damages would be difficult or impossible to ascertain, the reservation deposit in the amount of \$ _____ will be retained as liquidated damages unless applicant cancels or completes the rental agreement on or before _____.

If applicant completes the rental agreement on or before the above date, the reservation deposit shall be held by **The Garibaldi Company** as a security deposit.

If the applicant cancels the agreement on or before the above date, or if the application is not approved by **The Garibaldi Company** the reservation deposit shall be returned within three weeks from the date of cancellation or non-approval.

Applicant _____ Date _____ Applicant _____ Date _____