

Rental Application

Chelsea At Five Points Apartments

1910 Skidaway Rd. Apt 37-B

912-232-6640

Check One: Lease HolderOccupantGuarantorApt #Rent \$

Applicant Information

Applicant #1: Last Name	First	Middle	Date of Birth	Social Security Number	Drivers Lic Number & State
Applicant #2: Last Name	First	Middle	Date of Birth	Social Security Number	Drivers Lic Number & State
Cell Phone Applicant #1 ()	Home Phone ()			E-mail Address	
Applicant #2 ()			()		
Total # of lease holders and occupants Adults:Minors:			Names of non-lease holder occupants		Age & Relationship

Do you have pets? (circle)	How many?	Type(s) (circle)	Name(s)	Pet Size / Weight	Breed and Age
Yes No		Cat Dog			

Residential History

Current Address	City/State & Zip	How Long?	Own or Rent	Monthly Payment
Name & Address of Current Landlord or Mortgage company				Phone Number
Previous Address	City/State/Zip	How Long?	Own or Rent	Monthly Payment

Personal and Vehicle Information

Applicant #1	Do you receive child support ? Y or N	How much? _____	Any other additional income? Y or N	How much? _____		
	Do you pay child support? Y or N	How much? _____	Any additional expenses? Y or N	How much? _____		
Applicant #2	Do you receive child support ? Y or N	How much? _____	Any other additional income? Y or N	How much? _____		
	Do you pay child support? Y or N	How much? _____	Any additional expenses? Y or N	How much? _____		
Vehicle for Applicant #1	Make	Model	Year	Color	License #	State
Vehicle for Applicant #2						
Applicant #1 or #2 Do you have the ability to place all utilities in your name prior to or on the day you sign your lease? _____						
Applicant #1 or #2 Will you be assisting Applicant #1 by placing utilities in your name? _____						

Employment History

Applicant #1 Employer	Supervisor or HR Name	Length of Employment
Address/City/State/Zip	Phone Position	Gross Wages Weekly/Bi-weekly/Monthly
Applicant #1 Prior Employer	Supervisor or HR Name	Length of Employment
Address/City/State/Zip	Phone Position	Gross Wages Weekly/Bi-weekly/Monthly
Applicant #2 Employer	Supervisor or HR Name	Length of Employment
Address/City/State/Zip	Phone Position	Gross Wages Weekly/Bi-weekly/Monthly

Emergency Contact Information

Applicant #1 Emergency Contact and Relationship	Address/City/State/Zip	Phone
Applicant #2 Emergency Contact and Relationship	Address/City/State/Zip	Phone

APPLICATION FEE: I've submitted the sum of \$_____ which is a non-refundable payment for a credit/background/criminal check at the discretion of the landlord. This sum is not a rental payment or deposit and will be retained by the landlord to cover costs associated with processing this application.

OTHER DEPOSITS/FEES: I've submitted the sum of \$_____. If the landlord accepts my application I agree to execute a Rental Contract on or before the occupancy date set forth below. If for any reason the landlord declines my application, landlord will refund this deposit.

DESIRED OCCUPANCY DATE IS: _____

CANCELLATION: I understand that I may cancel this application within 24 hours and receive a full refund of my deposit. If I cancel after 24 hours or fail to enter into a Rental Contract or refuse to occupy the unit on the desired date, I understand that all pre-paid deposits and/or fees will be forfeited.

STATEMENT: In compliance with the fair credit reporting act, this is to inform you that a credit investigation involving the statements made on this application will be initiated. I/we certify that to the best of my/our knowledge that all statements are true and complete. I/we further authorize landlord to obtain credit/character/criminal background reports and verify rental and employment information at any time, now or in the future. Any false information will constitute rejection of this application.

Applicant #1	Date	MOVE-IN DATE:	LEASE TERM:
		Application Fee:	\$
Applicant #2	Date	Non-refundable Deposit and/or Pet Fee:	\$
		Security Deposit:	\$
Authorized Agent for Owner	Date	1st Month's Rent and Other Fees:	\$
		Monies Due Upon Move-In:	\$