



Marsh Landing
 219 Philema Road, Suite 109
 Albany, GA 31701
 229-889-9942 / Fax 229-889-9042

RENT APPLICATION	
DATE _____	FOR OFFICE USE ONLY AGENT _____
COMMUNITY _____	
APT. NO. _____	RENT \$ _____

NOTICE: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ Located at _____
 beginning on _____, at a monthly rental of \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ PHONE () _____
 Date of Birth _____ Social Security No. _____ Drivers Lic. No. & State _____
 Name of Co-Applicant _____ Relationship _____
 Names of All Other Occupants _____ Total Number of Occupants _____
 How Many Pets do You Or Other Occupants Own? _____
 Kind of Pet, Breed, Weight and Age _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____
 Month & Year Moved In _____ Reason for Leaving _____
 Owner or Agent _____ Phone () _____ Monthly Payment \$ _____
PREVIOUS ADDRESS (If within 3 years) _____
 Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
 Owner or Agent _____ Phone () _____
PREVIOUS ADDRESS (If within 3 years) _____
 Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
 Owner or Agent _____ Phone () _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed
CURRENT EMPLOYER (Or Most Recent) _____
 Address _____ Phone () _____
 Date(s) Employed / From _____ To _____ Position _____
 Supervisor _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____
PREVIOUS EMPLOYER _____
 Address _____ Phone () _____
 Date(s) Employed / From _____ To _____ Position _____ Supervisor _____
 if there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.
 Amount \$ _____ Source _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1.			
2.			
YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1.			
2.			
3.			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Make/Model _____ Year _____ Color _____ Tag No. /State _____
 Other Car, Motorcycle, etc. _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

Please give any additional information that might help management evaluate your application: _____

How did you hear about our property? _____

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone: _____ Night Phone: _____

IN CASE OF PERSONAL EMERGENCY NOTIFY:	Relationship
Full Address:	
Home Phone:	Work Phone:

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date Signed _____

APPLICANTS: PLEASE DO NOT WRITE BELOW

PAYMENT OF \$ _____ RECEIVED BY (NAME) _____ DATE _____

THIS APPLICATION FORM RECEIVED BY (NAME) _____ DATE _____

Reference Verification Name	Reference Comments

Comments: _____

THIS APPLICATION APPROVED NOT APPROVED

BY _____ Title _____ Date _____

If not approved, specify reason(s) _____

Applicant Notified By (Name) _____ Date Notified _____

MARSHLANDING

219 Philema Road, Ste. 109

Albany, Georgia 31701

Phone 229-889-9942

Fax 229-889-9042

QUALIFICATION PROCEDURE

Marsh Landing Apartments is an equal housing opportunity provider. This property does not discriminate on the basis of race, color, religion, sex, disability, familial status, or national origin.

WE WILL REQUIRE:

- 1) Good verifiable rental history.
- 2) No history of noise complaints or other non-compliance notices.
- 3) Never been evicted or owe another renter money (this is an automatic rejection).
- 4) Have given proper notice to current Lessor.
- 5) Verifiable employment, (check stubs, tax forms, etc.).
- 6) Copy of driver's license.
- 7) Credit check must have no unpaid collections, no unpaid judgments or liens against you, no bankruptcies less than 5 years old of the date you are applying, no outstanding debts (slow payment history, bad credit, or unpaid bills).
- 8) Criminal background check must be clear.

INCOME REQUIREMENTS:

How many persons are allowed in apartment and how much income is required:

1 BEDROOM - 2 persons (max per unit)	\$40,000/yr.
2 BEDROOM - 2 persons	\$40,000 (1) Person \$60,000 (2) Persons
2 BEDROOM - 3 to 4 persons	\$80,000 (3) Adults (max per unit)

When a deposit is paid to hold an apartment, it is in good faith for up to 72 hours after the deposit has been paid. After 72 hours, the deposit will be retained and the applicant will NOT receive the deposit back.

We also do NOT accept co-signers for any reason.

Application fees are NON-REFUNDABLE.

ANYONE WHO WILLFULLY PROVIDES FALSE INFORMATION ON THE RENTAL APPLICATION WILL BE AUTOMATICALLY REJECTED.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE REQUIREMENTS THAT MUST BE MET IN ORDER TO QUALIFY FOR AN APARTMENT HOME WITH MARSH LANDING APARTMENTS.

APPLICANT

DATE

CO-APPLICANT

DATE

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CRIMINAL HISTORY RECORDS CONSENT FORM

The undersigned individual hereby authorizes Marsh Landings Apartments to receive any criminal history record information pertaining to me, which may be in the files of any state and/or local criminal agency. Furthermore, in the event it becomes necessary to request specifics regarding "existing out-of-state records" indicated on local file, the applicant will be required to pay an additional charge of \$40.00 per state to obtain the out-of-state records and avoid application rejection. The applicant understands that out-of-state record information can take up to 7 days from the date of request. Receipt of out-of-state records are required as part of the application process. Without it, the application approval will not be granted. Please also provide a copy of your drivers' license with form.

THE INFORMATION BELOW MUST BE COMPLETED BY ALL APPLICANTS 18 YEARS OF AGE AND/OR OLDER.

Please print clearly.

NAME _____

PRESENT ADDRESS _____

APT.# _____

CITY, STATE, ZIP _____

SEX _____ RACE _____

D.O.B. _____ SSN _____

Applicant Signature _____

Date _____

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APARTMENT RENTAL VERIFICATION REQUEST

Current () Previous ()

To: _____ FAX: () _____

Attn: _____

Tenant Name: _____

Address: _____

Move-in Date: _____ Move-out Date: _____

Expiration Date: _____

Was proper notice given? Yes (____) No (____)

Rental Amount: _____

Number of late payments: _____ Number of NSF's: _____

Complaints: _____

Damage to unit: _____

Would you re-rent? Yes (____) No (____)

Verified by: _____ Position: _____

From: _____ Date: _____

Please release my information for residency.

Applicant's Signature: _____ Date: _____