

CLARIDGE GATE, LLC

Apartment Lease Application- Georgia

Landlord/Lessor: Claridge Gate LLC. Date of Application: _____

Location of Apartment: Claridge Gate Drive Apt. No. _____

Personal Identification Information

Name of the Tenant: _____

Other Names Tenant has used: _____

Driver license # _____ State _____ Expiration _____

SS# _____ Date of Birth: _____

Marital Status: _____ Name of Spouse: _____

Children Names: _____

Name of Tenant # 2: _____

SS# Tenant # 2: _____

Who will live in the apartment except children and applicant?

Employment Information

Place of Employment: _____

Address: _____ City _____, State _____, Zip _____

Supervisor: _____

Phone: _____ Ext. _____

Job Title: _____

Work Hours: _____ Monthly pay _____

How long at current job? _____

Others sources of income: _____

Terms of Residency/Debtor Information

Do you intend to reside here indefinitely? () Yes () No

-If no, how long? _____

Have you ever-filed bankruptcy? () Yes () No

-If yes, court and case number? _____

Are you a party of a lawsuit? () Yes () No

If yes, please describe.

Banking Information

Are there any judgments against you? () Yes () No

-If yes, please describe. _____

Bank Name: _____ Phone: _____

Account No: _____ Account No: _____

Credit References

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you have any pets that you would like to occupy the apartment? () Yes () No
- If yes, please describe. _____

Note: This Provision does not imply that pets are allowed.

Have you ever been evicted from a rental unit? () Yes () No
-If yes, please describe. _____

Motor Vehicle Information

MIV Identification number: _____

<u>Year</u>	<u>Make/Model</u>	<u>Color</u>	<u>Tag Number</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of Credit Cards

Type: _____ Card # _____ Type: _____ Card# _____
Type: _____ Card # _____ Type: _____ Card# _____

Creditors	Type of Debt	Amount Owed	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to notify in case of emergency: _____ Phone: _____
Present Address: _____ Zip: _____
How Long? _____ Reason for Leaving: _____
Previous Address: _____
When? _____ Reason for Leaving _____
Your Cell Phone # _____

Radon Gas disclosure. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons exposed to it over time. Levels of Radon that exceed federal and state guidelines have been found in every State of the United States. Addition information regarding radon gas may be obtained from your County public health unit.

See also [http:// www.epa.gov/iag/radon/](http://www.epa.gov/iag/radon/)

Condition and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve this application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

For Landlord's Use Only

Rent Amount: _____

Deposit: _____

Date Lease to Begin: _____

End of Lease: _____

Number of Occupants: _____

Apt. No. _____

CONSENT TO CREDIT CHECK

I/We, _____, the undersigned applicant(s) authorize landlord, _____, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and all other persons to provide to landlord and all information concerning my/our credit.

Signed: _____

Date: _____

Signed: _____

Date: _____