

# SHAMROCK GARDENS APARTMENTS

Apartment Rental Application

Office: 404-758-7190 Fax: 404-758-7166

Leasing Consultant:	Monthly Rent Amount:	Lease Term (Months): 6, 12, 18
Aprox. Move-In Date:	Type of Apt Needed:	Date Received:
Application Fee:	Proposed / Tentative Apt. #'s:	

Your Security Deposit Amount will be between \$300 & \$1400.  
\$150 of this amount is non-refundable. PLEASE PRINT ALL

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Driver's License # & State: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Co-Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Driver's License # & State: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Do You Have A Pet? (Please Circle One): Yes or No Pet Description: \_\_\_\_\_  
Your Email: \_\_\_\_\_ Your Home Phone: \_\_\_\_\_  
Your Cell Phone: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_

## How Did You Hear About Us?

### LIST OTHER UNDER 18 OCCUPANTS WHO WILL BE LIVING W/ YOU – ALL OCCUPANTS OVER 18 YEARS MUST FILL OUT A SEPARATE APPLICATION

Name	Date of Birth	Relationship

### YOUR RENTAL HISTORY

Present Home Address: \_\_\_\_\_  
Complete Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
This Type Of Housing Is: (Circle One) House Condo Big Apartment Community Small Apartment Community Other  
Dates There: "From – To" \_\_\_\_\_ Your Portion Of The Monthly Payment? \$ \_\_\_\_\_ Are You On The Lease There? (Circle One) Yes or No  
My Landlord's Name Is: \_\_\_\_\_ Their Phone # Is: \_\_\_\_\_  
Reason For Moving? \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Complete Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
My Previous Landlord's Name Was: \_\_\_\_\_ Their Phone # Is: \_\_\_\_\_  
Dates There: "From – To" \_\_\_\_\_ Your Portion Of The Rent Was? \$ \_\_\_\_\_  
Reason For Moving? \_\_\_\_\_  
Have You Or Any Of Your Family Members Ever Been Evicted From Their Home? (Circle One) Yes or No  
If Yes, Please Explain: \_\_\_\_\_

### YOUR EMPLOYMENT INFORMATION

Applicant Employed By \_\_\_\_\_ Position \_\_\_\_\_ Hourly or Salaried? \_\_\_\_\_ Pay: \_\_\_\_\_  
Business Location \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone #: \_\_\_\_\_ Length On The Job? \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Hourly or Salaried? \_\_\_\_\_ Pay: \_\_\_\_\_  
Business Location \_\_\_\_\_ Business Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone #: \_\_\_\_\_ Length On The Job? \_\_\_\_\_  
Co-Applicants's Employer At Time of Move-In \_\_\_\_\_ Position \_\_\_\_\_ Hourly or Salaried? \_\_\_\_\_ Pay: \_\_\_\_\_  
Business Location \_\_\_\_\_ Business Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone #: \_\_\_\_\_ Length on the Job? \_\_\_\_\_  
Previous Location \_\_\_\_\_ Position \_\_\_\_\_ Hourly or Salaried? \_\_\_\_\_ Pay: \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone #: \_\_\_\_\_ Length on the Job? \_\_\_\_\_  
Additional Income – Do You Get Any Additional Income That You'd Like Us To Consider Like Side Jobs, Family Support, Etc.? (Circle One) Yes or No  
Monthly Amount: \$ \_\_\_\_\_ Source(s)? \_\_\_\_\_

### OTHER

Do you have a credit card? (Please Circle One) Yes or No  
How much do you currently have in cash or savings? \_\_\_\_\_  
Do you have a checking account? (Please Circle One) Yes or No If yes, with whom? \_\_\_\_\_  
How would you say your credit score is? (Please Circle One)  
Outstanding Better than Average Average Lower Than Average Poor Very Poor  
Who else do you have credit with recently? \_\_\_\_\_

Have you ever been convicted of a drug related offense or violent crime? (Please Circle One) Yes or No

How long do you plan to live at our apartment community: (Please Circle One Below):

Less Than 1 Year

1 to 2 Years

Longer Than 2 Years

Do you have any recreational vehicles, vans, boats, motorcycles? (Please Circle One) Yes or No

Number of cars you will have on property? (Please Circle One) 1 2 3

Auto No. 1 - Type \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Auto No. 2 - Type \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

In Case of Emergency Please Call:	Relation:	City:	Best Phone #'s For Them:
1.			
2.			

Applicant(s) hereby authorizes verification of any and all information set forth on this Application, at the present time & at any time in the future, including release of information by any banking institution, landlord, screening company, employer (present and former) & any lender. All such information hereon and released as authorized above, will be kept confidential. Misrepresentations on this application will constitute an immediate default under the Lease Agreement between the parties.

**APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.**

**BACKGROUND CHECK/APPLICATION FEE CHARGE** – Applicant has submitted the sum of \$\_\_\_\_\_ which is nonrefundable payment for a credit check and processing charge, receipt of which is acknowledged by Landlord. Such sum is not a rental payment or deposit amount. In the event this application is either approved or disapproved, this sum will be retained by management to cover the costs of processing the application. This application must be signed before it can be processed by management.

**GOOD FAITH HOLDING FEE** – At the time of application in order to reserve a specific apartment, I hereby submit the sum of \$\_\_\_\_\_ with Management as a good faith holding fee in connection with this rental application. If my application is accepted, I understand this holding fee will be applied toward payment of my Security Deposit (Security Deposit amounts are determined by a computerized scoring system) when I take possession of the apartment. If for any reason Landlord decides to decline my application, Landlord will refund this good faith holding fee to me in full. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith holding fee. Landlord has up to 14 days of cancellation of this application to refund the good faith holding fee. If I cancel after 72 hours or refuse to occupy the premises on the agreed upon date noted above, I understand the good faith holding fee will be forfeited as Landlord is holding a specific apartment for me in conjunction with the good faith holding fee & Landlord will incur rent loss by your cancellation.

**IF APPROVED, I UNDERSTAND THAT \$150 OF THE TOTAL SECURITY DEPOSIT IS A NON-REFUNDABLE ADMINISTRATION FEE. THE BALANCE OF THE SECURITY DEPOSIT IS REFUNDABLE UPON SUCCESSFUL FULLFILLMNET OF THE LEASE AGREEMENT & UPON RETURN OF THE APARTMENT IN THE SAME CONDITION IN WHICH IT WAS PROVIDED. APPLICANT CERTIFIES THAT NO OTHER PERSON, UNDER ANY CIRCUMSTANCES, WILL OCCUPY THE PROPOSED APARTMENT OTHER THAN THOSE ON THIS APPLICATION.**

Applicant's  
Signature: \_\_\_\_\_

Co-  
Applicant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_