

Greenbrier Management Company

LEE'S LANDING RENTAL APPLICATION

APPLICANT INFORMATION:

Name: _____

Last
First
Middle Initial

Current Address: _____

Street
City
State
Zip Code

Date of Birth: _____ **Social Security #:** _____

Move in date requested: _____ **Bedroom size requested:** _____

Email: _____ **Telephone Number:** _____

HOUSEHOLD INFORMATION:

List below, all information for each **additional household member** who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Do you anticipate a change in household composition during the next 12 months? Yes No

Do you request a handicapped accessible unit? Yes No

Do you require any special accommodations or special services from management? Yes No
 If yes, describe: _____

THREE YEAR LIVING HISTORY:

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____

Street
City
State
Zip Code

Landlord's Name: _____

Landlord's Address: _____

Street
City
State
Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

Emergency Contact Person:

Name: _____ **Phone Number:** _____

Address: _____

Street
City
State
Zip Code

Relationship: _____

EMPLOYMENT INFORMATION:

Present Employer: _____ Telephone Number: _____
Employer Address: _____
Street City State Zip Code
Occupation: _____ Dates of Employment: _____
(mo./yr.) TO (mo./yr.)
Verification Contact Person: _____ Fax Number: _____

Second Employer, or
 Previous Employer: _____ Telephone Number: _____
Employer Address: _____
Street City State Zip Code
Occupation: _____ Dates of Employment: _____
(mo./yr.) TO (mo./yr.)
Verification Contact Person: _____ Fax Number: _____

Spouse Employer: _____ Telephone Number: _____
Employer Address: _____
Street City State Zip Code
Occupation: _____ Dates of Employment: _____
(mo./yr.) TO (mo./yr.)
Verification Contact Person: _____ Fax Number: _____

Please list the total annual employment income of all members of your household.

Name of Recipient	Wages (Full Time)	Wages (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

VEHICLE INFORMATION:

Driver's License Number/State ID#: _____ State Issued: _____
Additional Occupant Driver's License Number/State ID#: _____ State Issued: _____
Vehicle #1: Year _____ Make _____ Model _____ Color _____
License # _____ State _____
Vehicle #2: Year _____ Make _____ Model _____ Color _____
License # _____ State _____

MISCELLANEOUS INFORMATION:

Do you have any pets? Yes No How many? _____ Breed: _____
Has any household member ever been convicted of any drug offense? Yes No
If yes, who: _____ Explain: _____
Has any household member ever been convicted of a felony? Yes No
If yes, who: _____ Explain: _____
Does anyone in the household currently have any felony charges pending against them? Yes No
If yes, who: _____ Explain: _____

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is my/our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to the release of the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community.

I/We hereby offer \$_____ as a non-refundable application fee. If I/We do not meet any of the Resident Selection Criteria, my/our application will be rejected and my/our application fee WILL NOT be refunded.

SIGNATURES:

_____/_____/_____
Applicant **Date**

_____/_____/_____
 Additional Adult Household Member Date

_____/_____/_____
 Agent for Landlord Date

OFFICE USE ONLY

	Date	Initials
Move in date:		
Move in Prorate (Print copy)		
Concession Offered		
Discount Offered		
Utility Package		
Furniture Package		
WD Rental		
Application Fees		
Security Deposit		
Pet Fee		
Lease Term		
Application		
Credit Report		
Landlord Reference		
Income Verification (Copy of 4 recent paystubs)		
Copy of Id's (Driver's License, Military ID)		
Proof of Renter's Insurance		
Manager Approval		