

Brittany Place Apartments

3246 Covington Dr. Decatur, GA 30032 (404) 288-4646

Apartment Rental Application

Rental Criteria

- All applicants must be at least eighteen (18) years of age or older.
- Applicant must have verifiable current employment or income with a gross monthly income of at least three (3) times the rental rate. In the event that the applicant has been at his or her current job for a period of six (6) months or less, then the applicant must provide verification or prior employment. Should the applicant be self-employed, he or she must then provide a copy of the previous year's tax return.
- Applicant must have a verifiable rental reference of six (6) months or more. Applicant must not have more than
 two (2) late payments and/or non-sufficient fund (NSF) checks in one (1) year of residency. Any applicant with
 questionable rental history or a prior eviction may be subject to denial of application.
- Applicant credit reports must be in good and acceptable standing. Medical collection accounts will be the only
 exception in determining acceptable credit. Personal bankruptcies shall be allowable as long as the applicant
 meets all other qualifications and criteria and has re-established a good credit rating.
- Any and all adults must complete a rental application, be listed on the lease as a resident, and have full liability to fulfill all terms and conditions of the lease.
- Roommates must each have a gross monthly income of at least two (2) times the rental rate, and they must
 each fill out an application and pay an application fee and meet qualification criteria.
- A Lease Guarantor will be accepted on behalf of full time students and for persons with no prior rental or credit
 history. A Lease Guarantor must complete a Lease Contract Guaranty. Income requirement for a co-signer is
 six (6) times the rental amount.

MAXIMUM OCCUPANCY STANDARDS:

- 1 Bedroom has a maximum occupancy of two (2) persons.
- 2 Bedroom has a maximum occupancy of four (4) persons.
- A family may occupy a rental unit as long as the family does not exceed a maximum of two (2) persons per bedroom plus a child who is less than six (6) months old and who sleeps in the same bedroom with the child's parent or guardian. If the applicant is pregnant or has a child less than six (6) months old at the time of moving in and the newborn child reaches six (6) months of age during the lease term, the resident may stay in the unit for the duration of the lease term. However, if the number of residents exceeds the maximum per bedroom limit because the newborn reaches or exceeds the six (6) month limitation at the end of the lease term, the applicant must apply for and if accepted move into a larger unit, if available. Under no circumstances can the applicant remain in a unit where occupants exceed the maximum occupancy standards.

I have read and agree to the above rental criteria require	ments.	
Applicant Signature	Dat	e



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Application Process Check List					
☐ Application Completed					
☐ Administration Fee \$100 (non-refundable)					
☐ Application Fee \$65 (non-refundable)					
☐ Identification					
☐ Social Security Card					
☐ Proof of Income (1 month pay stub)					
$\hfill\square$ Monthly Salary is 3x the amount of Monthly Rent					
☐ Landlord Reference					
☐ Employment Verification					
If anyone is under the age of 18, living on property in the apartment, please provide:					
☐ Birth Certificate					
☐ Social Security Card					
Move-In Checklist					
Upon approval of application the following will be required before move-in.					
☐ Security Deposit \$300*					
☐ One Month Rent					
□ Sign Lease					
☐ Move-In Inspection Completed					
☐ Proof of Renter's Insurance					
☐ Utilities Responsibility Form Completed					

*subject to change based on applicant eligibility



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		Landlo	ord Refe	rence	
<u>Applicant</u>	AUTH	HORIZATION TO RELE	EASE INFOR	RMATION OF RESIDENC	:Y
Full Name:					
	Last		First		M.I.
	information includes, bu				e or liable for any information released. I eeping habits, damages to the property,
Signature:			Date	e:	
<u>Landlord</u>	Please	email back to britta	anv.apartn	nentsleasing@gmail.d	com
Property or Land					
Monthly Rent Ar	mount		Le	ength of Residency	
Number of Late Payments			Re	eturned Checks?	
Any Documente If so, please exp	d Complaints? ☐ Ye: olain	s 🗆 No			
Was Applicant a If no, did Applica Was unit left in g	ant give proper notice	?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	
If no, please exp	olain damages or clea	ning needed			
Any money left of	owing?	es 🗌 No	Amount		
Would you Re-re Additional Comm		Yes No			
Sign	nature	Title		Phone	



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Employment Verification					
<u>Applicant</u>	AUTHORIZATION TO RELEASE INFORMATION OF EMPLOYMENT				
Full Name: _					
Phone:					
Date of Birth:	SSN:				
I hereby authorize t	o release the information requested below from my employer regarding my employment status and compensation.				
Signature:	Date:				
<u>Employer</u>					
	Please email back to brittany.apartmentsleasing@gmail.com				
Company: _					
Position:					
Date of Hire:	□ Full time □ Part time				
Wages:	☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Annual				
Hours per week	:				
Likelihood of em	nployment continuing:				
Other Remarks:					
authority to provide	ormation I have given on this form is true and correct to the best of my knowledge. I also certify that I have the this information on behalf of this company. I understand I can and will be penalized by law if I commit perjury by see information on this form.				
Printed Name					
Job Title					
Employer Phone	e Number				
Signature of Em	nployer Date				



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Apartment Rental Application

Non-Refundable Fee: \$165 **Rental Unit Brittany Place Apartments** Property Name: 3246 Covington Drive Address: Decatur, GA 30032 Phone: (404) 288-4646 Bedrooms: ☐ 1Bd, 1Bath 2Bd, 1 Bath Type: ■ 850Sqft. ☐ 950Sqft. ☐ 1000Sqft. Other: ☐ Renovated Anticipated Move-In Date: How did you hear about our property? **Applicant Information** Full Name: Last First M.I License Number / Date of Birth: Social Security No.: State ID: **Current Address:** Street Address Apartment/Unit # ZIP Code City State Phone: Alternative Phone: Email:

Additional Occupants

Name:		Relationship	to Applicant:			
Name:		Relationship	to Applicant:			
Name:		Relationship	to Applicant:			
Name:		Relationship	to Applicant:			
Name:		Relationship	to Applicant:			
		Vehicle Info	rmation			
List vehicle	information for all vehicles	that are owned or opera-	ted by any additional occupa	nts:		
Make/Mode	el/Year:	ear: License Plate: State Issued In:				
Make/Mode	el/Year:	License	Plate:St	State Issued In:		
Make/Model/Year:		License	Plate:St	State Issued In:		
	_	Rental Hi	story	_		
Please list	your last three most recent		o.c.,			
Address:						
	Street Address			Apartment/Unit #		
	City		State	ZIP Code		
Landlord:		Phone:				
How Long?	' <u>-</u>	To:	Monthly Rent: \$			
Reason for	Leaving:					
Address:						
	Street Address			Apartment/Unit #		
	City		State	ZIP Code		
Landlord:		Phone:				
How Long?	From:	To:	Monthly Rent: \$			
Reason for	Leaving:					

Address:	Street Address				Apar	ment/Ur	nit #
	City		Sta	ate	ZIP (Code	
Landlord:		Phone:					
How Long? Reason for	Las de su	To:	Monthly Rent:	\$			
		Financ	ial History				
Employme	ent Information						
Please list	employment from the	past five years.					
Company:							
Address:							
Job Title:			Income: \$	Pe		Month	Year
Supervisor	·		Phone:			_	
How Long?	P From:	To:					
Company:							
Address:							
Job Title:			Income: \$	Pe		Month	Year
Supervisor	·		Phone:			_	
How Long?	From:	To:	-				
Company:							
Address:							
Job Title:			Income: \$	Pe		Month	Year
Supervisor	:		Phone:			_	
How Long?	? From:	To:					

Additional Financial Information					
Do you have a checking and/or savings account?	☐ Yes	□ No			
Do you have any credit cards?	☐ Yes	☐ No			
Do you have any loans and/or debts?	☐ Yes	☐ No			
From where and how much:					
Do you receive any additional income other than through employment?	☐ Yes	□ No			
From where and how much:					
Other Information					
Have you or any addition occupants ever been evicted?	☐ Yes	☐ No			
If yes, please explain:					
Have you ever filed for bankruptcy?	☐ Yes	☐ No			
If yes, please explain:					
Have you or any additional occupants been convicted of a felony?	☐ Yes	☐ No			
If yes, please explain:					
Have you or any additional occupants been convicted for dealing or manufacturing illegal drugs?	☐ Yes	□No			
If yes, please explain:					
Are you or any additional occupants subject to a lifetime sex offender registration in <u>any</u> state?	☐ Yes	□No			
If yes, please explain:					
Emergency Contact Information					
Name:Phone:					
Relationship:					
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Disclaimer and Signature					
Applicant has submitted the sum of \$165.00, which is a non-refundable payment for a credit check, and processing of the application by Brittany Place Apartments. This sum does not represent a rental payment or payment of the lease fee. In the event that this application is disapproved, or applicant cancels, this sum will be retained by Brittany Place Apartments to cover the cost of processing this application as furnished by the applicant.					
I hereby certify that I am at least 18 years of age. I certify that the information given herein is complete and correct. Brittany Place Apartments or its agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employers, creditors and landlords, and to procure such other information (including credit reports) which Brittany Place Apartments may require to evaluate this application at the time application is submitted and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of application, or Management may immediately terminate any tenancy entered into in reliance upon misinformation given on the application.					
Signature:Date:					