

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(18 years of age or older) 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	Date	



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Application Process Check List ☐ Application Completed ☐ Administration Fee \$100 (non-refundable) ☐ Application Fee \$100 (non-refundable) □ Identification □ Social Security Card ☐ Proof of Income (2 months pay stub) ☐ Bank Statements (2 months) ☐ 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 (*equivalent to One Month Rent) ☐ Full Month Rent + Prorated Rent *If applicable ☐ Signed Lease ☐ Move-In Inspection Completed ☐ Proof of Renter's Insurance ☐ Utilities Responsibility Form Completed & Proof of Utilities in

Tenants name



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		Land	llord Refer	ence	
<u>Applicant</u>	AU	ITHORIZATION TO RE	LEASE INFOR	MATION OF RESIDENCY	,
Full Name:	1.54		E'm (
	Last		First		M.I.
understand that the					or liable for any information released. I eping habits, damages to the property,
Signature:			Date	:	
<u>Landlord</u>	PI	lease email back to	leasing@bri	ttany-apartments.com	
Property or Lar					
Monthly Rent A	Amount		Le	ngth of Residency	
Number of Late	e Payments		Re	turned Checks?	
Any Document	red Complaints? ☐ `	Yes 🗌 No			
If no, did Applic	asked to move? cant give proper noti	ce?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	
If no, please ex	xplain damages or cl	eaning needed			
Any money left	t owing?] Yes 🔲 No	Amount		
Would you Re- Additional Com	rent to applicant?	Yes No			
Sig	gnature		le	Phone	 Date



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Employment Verification Applicant AUTHORIZATION TO RELEASE INFORMATION OF EMPLOYMENT Full Name: Address: Phone: Date of Birth: SSN: I hereby authorize to release the information requested below from my employer regarding my employment status and compensation. Signature: Date: **Employer** Please email back to leasing@brittany-apartments.com Company: Position: ☐ Full time ☐ Part time Date of Hire: ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Annual Wages: Hours per week: Likelihood of employment continuing: Other Remarks: I certify that the information I have given on this form is true and correct to the best of my knowledge. I also certify that I have the authority to provide this information on behalf of this company. I understand I can and will be penalized by law if I commit perjury by purposely giving false information on this form. Printed Name Job Title **Employer Phone Number** Signature of Employer Date



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Apartment Rental Application

Non-Refundable Fee: \$200 **Rental Unit** Property Name: **Brittany Place Apartments** 3246 Covington Drive Address: Decatur, GA 30032 Phone: (404) 288-4646 Bedrooms: 2Bd, 1 Bath ☐ 1Bd, 1Bath Type: ■ 850Sqft. ☐ 950Sqft. ☐ 1000Sqft. ☐ 1140Sqft. Other: ☐ Renovated Anticipated Move-In Date: How did you hear about our property? **Applicant Information** Full Name: Last First M.I License Number / State ID: Social Security No.: Date of Birth: **Current Address:** Street Address Apartment/Unit # City State ZIP Code Phone: Alternative Phone: Email:

DOB: Social Security Number (SSN): Relationship to Applicant:		al Occupants (Proof of da Adults 18 years and ove		opy of birth certificate) & SS a separate application)	N required fo	r all children under 18	
Relationship to Applicant:	Name:		R	elationship to Applicant:			
DOB: Social Security Number (SSN): Name: Relationship to Applicant: DOB: Social Security Number (SSN): Name: Relationship to Applicant: DOB: Social Security Number (SSN): Vehicle Information List vehicle information for all vehicles that are owned or operated by any additional occupants: Make/Model/Year: License Plate: State Issued In: Make/Model/Year: License Plate: State Issued In: Rental History Please list your last three most recent addresses. Address: Street Address Apartment/Unit # City State ZIP Code Landlord: Phone: Apartment/Unit # City State ZIP Code Landlord: Phone: Apartment/Unit # Landlord: Phone: Monthly Rent: \$	DOB:		Soc	cial Security Number (SSN):			
Relationship to Applicant:	Name:		R	elationship to Applicant:			
DOB:	DOB: _		Soc	cial Security Number (SSN):			
Relationship to Applicant:	Name:		R	elationship to Applicant: _			
Note Social Security Number (SSN):	DOB:		Soc	cial Security Number (SSN):			
Vehicle Information List vehicle information for all vehicles that are owned or operated by any additional occupants: Make/Model/Year:	Name:		R	elationship to Applicant:			
List vehicle information for all vehicles that are owned or operated by any additional occupants: Make/Model/Year: License Plate: State Issued In: Make/Model/Year: License Plate: State Issued In: Rental History Please list your last three most recent addresses. Address: Street Address Apartment/Unit # City State ZIP Code Landlord: Phone: Monthly Rent: \$ Reason for Leaving: Street Address Apartment/Unit # City State ZIP Code Address: Street Address Apartment/Unit # City State ZIP Code Landlord: Phone: State State State ZIP Code Landlord: Phone: State State	DOB:		Soc	cial Security Number (SSN):			
List vehicle information for all vehicles that are owned or operated by any additional occupants: Make/Model/Year: License Plate: State Issued In:		_	Veh	icle Information	_		
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Rental History					-		
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City State ZIP Code Landlord:	Address:						
Landlord:		Street Address				Apartment/Unit #	
How Long? From: To: Monthly Rent: \$		City			State	ZIP Code	
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Landlord: Phone: How Long? From: To: Monthly Rent: \$	Address.	Street Address				Apartment/Unit #	
How Long? From:To:Monthly Rent: \$		City			State	ZIP Code	
	Landlord:		Pho	one:			
	_	· <u></u>	To:	Monthly Re	ent: <u>\$</u>		

Address:	Street Address				Apart	ment/Un	nit #
			0.				
ا معطامیط	City	Dhanai	Sta		ZIP C	Code	
Landlord:		_	Monthly Dont	Φ.			
How Long? Reason for	. Laguina.	To:	Monthly Rent:	\$			
		Financ	cial History				
Employme	ent Information						
Please list	employment from the	past five years.					
Company:							
Address:							
Job Title:			Income: \$	Per		Month	Year
Supervisor			Phone:				
		To:				_	
Address:							
Job Title:			Income: \$	Per		Month	Year
Supervisor	:		Phone:			_	
How Long?	? From:	To:					
Address:							
Address.					Wook	Month	Voor
Job Title:			Income: \$	Per	:		
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 П № 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 П 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? П No If yes, please explain: Are you or any additional occupants subject to a lifetime sex offender registration in any state? ☐ Yes П № If yes, please explain: Emergency Contact Information Name: Phone: Relationship: _____ Disclaimer and Signature Applicant has submitted the sum of \$200.00, 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: