

**ALBANY REALTY COMPANY
1212 DAWSON ROAD
ALBANY, GEORGIA 31707
PHONE 229 883-6100 FAX 229 883-6136**

When a deposit is paid to hold a rental unit, it is in good faith for up to 24 hours. After 24 hours, the company will retain the deposit.

**There is a \$30.00 application fee per person.
Application fees are NON- REFUNDABLE**

**ANYONE WHO WILLINGLY PROVIDES FALSE INFORMATION ON THE
RENTAL APPLICATION WILL BE AUTOMATICALLY REJECTED.**

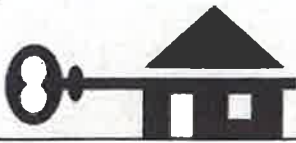
Qualification Procedures

1. Good and Verifiable rental history
2. Never been evicted or owe another landlord money (This is an automatic rejection)
3. Must have given proper notice to current landlord
4. Must have verifiable employment (check stubs, tax forms, etc)
5. Valid Driver's License and Social Security Card
6. Must be 21 years of age
7. Satisfactory credit check
8. A criminal history background check will be performed
9. Your net income must be AT least 3 times the amount of the monthly rent. (if the rent is \$500.00 you must make at least \$1,500.00 net per month)
10. If property is pet friendly, no pet (dog or cat) can weight over 25 pounds at maturity.

I have read and understand the above information and understand the requirements that must be met in order to be considered for leasing property from Albany Realty Company.

Applicant _____ Date _____

Address of the property you are applying for: _____



RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application (even if married).
Please fill out this form COMPLETELY and sign where indicated.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____	DRIVERS LICENSE # STATE	
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

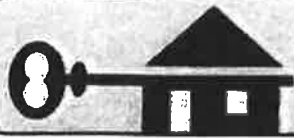
PROPOSED OCCUPANT(S)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S) Animal must be 25 lbs. or less			
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	HOURS/YEAR
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/YEAR
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME		
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



RENTAL APPLICATION

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Please fill out this form COMPLETELY and sign where indicated.

CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE	-	-	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	-	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS				CITY/STATE/ZIP			
EMERGENCY CONTACT	PHONE	-	-	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	-	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS				CITY/STATE/ZIP			
PERSONAL REFERENCE	PHONE	-	-	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	-	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS				CITY/STATE/ZIP			
PERSONAL REFERENCE	PHONE	-	-	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	-	-	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS				CITY/STATE/ZIP			

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____ DATE _____
APPLICANT SIGNATURE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES:

Albany Realty Company
1212 Dawson Road
Albany, GA 31707
Sabrina Key ~ Property Manager
229-883-6100 (office)
229-883-6136 (fax)

RENTAL REFERENCE FOR: _____

Address: _____

By signing below I release permission for you to verify my rental reference to Albany realty Company.

X _____

~~-----For rental office use only beyond this point-----~~

Has proper notice been given? _____ Rent Amount: _____

Any part of rent paid by Grafa? _____ If so how much? _____

Move In Date _____ Move out Date _____

Late Payments: _____ How Many: _____ Return checks: _____ How Many: _____

Has a Writ of Possession ever been served? _____ YES _____ NO

Pets: _____ YES _____ NO Complaints: _____ YES _____ NO

What was the nature of the complaints? _____

Were good housekeeping habits displayed? _____ YES _____ NO

Was the deposited funded? _____ YES _____ NO

Would you rent to this person again? _____ YES _____ NO

Comments: _____

Verified by: _____ Title: _____

Date: _____

I, give Albany Realty Company, it's employees and/or agents consent" to contact me at any/all phone numbers; including cell phone numbers (by calling, text message, or email), for purposes connected with my lease account.

I hereby make application for a rental and certify that this information is correct. I authorize you to contact any reference that I have listed, to verify and previous rental addresses that may be listed on my credit report, conduct a criminal background check, and/or run a credit check. If application is approved and the rental property is taken off the market, the security deposit fee will be forfeited should the applicant not lease the property. I understand that any information provided on this application that proves to be false will be grounds for termination of my lease agreement.

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

Albany Realty Company
1212 Dawson Road
Albany, GA 31707

Criminal History Records Consent Forms

The undersigned individual hereby authorizes Albany Realty Company to receive any criminal history record information pertaining to me, which may be in files of any state and/or local file.

The information below must be completed by all applicants 18 years of age and older.

Please print clearly

Date: _____

Full Legal Name: _____

Full Address: _____

Apt # _____

City: _____ State: _____

Sex: _____

D.O.B. _____ SSN: _____

Applicants Signature: _____