

MANAGER'S , LIST - Visual proof of Drivers License or State I.D. & Social Security # YES NO

MANAGEMENT CO.	COMMUNITY NAME	CONTACT NAME	TELEPHONE #	FAX #
<input type="checkbox"/> CO-SIGNER <input type="checkbox"/> W/ CURRENT TENANT <input type="checkbox"/> MOVE IN SPECIAL <input type="checkbox"/> OTHER				
GAFCO Properties, LLC				

APARTMENT # _____ RENT \$ _____ MOVE IN DATE _____

APPLICATION TO RENT

IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, INCLUDING INDIVIDUALS 18 OR OLDER, USE SEPARATE FORMS FOR EACH APPLICANT.

APPLICANT'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
SPOUSE'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
Names and ages of other occupants				Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Do you have waterbed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT RESIDENCE

APPLICANT'S Present Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ()	Monthly Payment \$
Name of <input type="checkbox"/> Present Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone ()	Landlord Night Phone ()	
Why are you vacating your current residence?							

PREVIOUS RESIDENCE

APPLICANT'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone ()	Landlord Night Phone ()	
SPOUSE'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone ()	Landlord Night Phone ()	

EMPLOYMENT HISTORY

APPLICANT Employed By	Supervisor's Name / C. O.		Hire Date ____ Mo. ____ Yr.
Address	City	State	Zip
Phone ()		Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
APPLICANT Previous Employment			
Supervisor's Name / C. O.		Hire & Term. Dates	
Address	City	State	Zip
Phone ()		Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
SPOUSE Employed By			
Supervisor's Name / C. O.		Hire Date ____ Mo. ____ Yr.	
Address	City	State	Zip
Phone ()		Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
ADDITIONAL INCOME SOURCE	Amount	Frequency	ADDITIONAL INCOME SOURCE
			Amount
			Frequency

CREDIT & LOAN REFERENCES

Auto #1(Make & Model)	License Plate	State	Monthly Payment \$	Auto #2(Make & Model)	License Plate	State	Monthly Payment \$
Bank or Savings and Loan		Branch		Savings Account #		Checking Account #	

ADDITIONAL INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone ()
Name of SPOUSE'S Nearest Relative	Relationship	Address	City	State	Zip	Phone ()
Emergency Contact	Relationship	Address	City	State	Zip	Phone ()

