



	GRIFFIS DLESSING									
RENTAL APPLICATION										
	Name			Marital		5.1	2011 / 2	Driver's License		
	(Last)	(First)	(M)	Status (S or M)	Phone	Date of Birth	SSN / Passport ID # (for those age 18 & over)	/ ID & State of Issue (for those age 18 & over)		
Applicant										
Co- Applicant										
Occupant										
Occupant										
Applicant's Email Address										
RENTAL & MORTGAGE HISTORY: Please provide us with the information needed to verify your payment history for the last two years Current address:										

Occupant										
Applicant's Email Address Co-Applicant's Email Address										
<u>RENTAL & MORTGAGE HISTORY:</u> Please provide us with the information needed to verify your payment history for the last two years Current address:										
Street Apt. No. City, County & State Zip Dates of Occupancy										
•	Name of Apartment Community or Mortgage Co. Phone number to verify Amount of Rent/Mortgage Reason for leaving:									
Previous address:										
Street Apt. No. City, County & State Zip Dates of Occupancy										
Name of Apartment Community or Mortgage Co. Phone number to verify Amount of Rent/Mortgage										Mortgage
EMPLOYMENT INFORMATION	<u>:</u>	Farada va a N		Start Date		C		Dhama		and the David
Applicant Current Emplo	yer	Employer Name		Start Date		Supervisor		Phone /		onthly Pay
Co-Applicant Current Emp	loyer									
EMERGENCY CONTACT:										
1) Nearest Relative				Phone	no. ()		Relo	ationship?		
VEHICLES:	Year		Make	I м	odel	Color		License No.		State of Issue
Vehicle 1										0.0.0
Vehicle 2										
REQUIRED ITEMS: Please subm	nit the follow	ring informatic	on with your con	mpleted app	olication					
Agent Initials: Item			escription							
Income Identification	Verification ation		ree recent pay: opy of applicar							
Renters I	nsurance		oof of renters in							
Tel Delo	1113]	Cat or Dog	lase provide	Name	Weigh		Breed		Age
	Pe	Pet 1								3 -
	Pe	et 2								
Please answer the following questions: Have you ever been evicted from a place of rental? Do you owe any unpaid rent? Have you ever violated a lease, rental agreement or regulations at a former place of rent? Have you ever been charged with misuse or abuse to any rental property? Explain Are you currently facing prosecution for any felony or misdemeanor sex offense? Are you a registered sex offender or under consideration for registration as a sexual offender? Have you been convicted, pleaded guilty or nolo contendere (no contest), received a deferred sentence, deferred prosecution, diversion, continued adjudication, or continued petition of any felony, or misdemeanor sex offense? Explain										
BROKER'S DISCLOSURE: DIFFERENT BROKERAGE RELATIONSHIP IS AVAILABLE, INCLUDING LANDLORD AGENCY, TENANT AGENCY AND TRANSACTION-BROKER. GRIFFIS/BLESSING, INC. IS AN AGENCY OF THE OWNER/LANDLORD, AND IS NOT AGENT FOR THE APPLICANT/TENANT. Please do not tell us any information that you do not wish to be shared with Owner/Landlord. You are not vicariously liable (legally responsible) for our actions. Although we do not represent you, we will disclose to you all adverse material facts about the property actually known by us. We will assist you without regard to race, creed, sex, religion, national origin, familial status, martial status, or disability. I have read and understand the above. [Initials]										
 May withdraw this application within 24 hours of its submission and all monies paid except the Application Fee, shall be refunded. That I/we are depositing herewith the sum of \$										
 returned to the Applicant. Acceptance of this application is not binding on Management until this application is approved. It is my/our responsibility to verify the status of this rental application before move-in. 										
 I/we hereby give this apartment community permission to obtain, at anytime during my/our occupancy, a credit report, personal/criminal background checks, employment and residential history reports concerning myself and my co-applicant, if applicable, for its use in on-going evaluation of my/our application for residency. 										
Applicant's Signature		Do	 ate		Co-Applica	nt's Signature			Date	
THIS SECTION FOR OFFICE USE ONLY										
Move In Date:	_ Apt #:	Rei	ntal Rate:	Leas	e Length:	Sec	urity Dep	osit:	_ Pet D	eposit:
☐ Accept			☐ Accept w	vith Conditio	ons*	□D	ecline**			
VERIFICATION COMPLETED BY: DATE:										
VERIFICATION COMPLETED BY:			DAIE.		M	MANAGER 3 KEV	IE VV			DATE: