

Rental Application

theBALDWIN

DOWNTOWN MILLEDGEVILLE LOFTS

For Management Use Only

Date Needed: _____ Apt. No.: _____

Rent: \$ _____ Bedroom No.: _____

Agent: _____ Apt Type: _____

Total Amount Received: \$ _____

APPLICANT PERSONAL INFORMATION

Applicants Name Last First Middle			Date of Birth	
Student Status (for 2012-2013 school year) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> N/A		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Driver's License #
Address Street		City	State	Zip
Secondary Address (if applicable) Street		City	State	Zip
Cell Phone Number	Home Phone Number	E-mail Address		

APPLICANT EMPLOYMENT/INCOME INFORMATION

Present Employer*	Supervisor's Name	Length of Employment		
Business Address	Phone Number	Position/Title	Salary/Hourly Rate	

APPLICANT RESIDENCY INFORMATION

Name of Present Landlord, Apartment Community or Mortgage Company		Phone Number	Monthly Payment	
Address Street		City	State	Zip

GUARANTOR INFORMATION

Guarantor Name Last First Middle			Relationship	
Address Street		City	State	Zip
Cell Phone Number	Work Phone Number	Home Phone Number		

APPLICANT CREDIT/CRIMINAL INFORMATION

Name of Bank	City/State	Type of Account	
Have you ever (check if "yes"):			
<input type="checkbox"/> Been evicted or been asked to move	<input type="checkbox"/> Broken a rental agreement	<input type="checkbox"/> Declared Bankruptcy	<input type="checkbox"/> Been sued for rent
<input type="checkbox"/> Been sued for property damage	<input type="checkbox"/> Been arrested for a felony, misdemeanor, or sex-related crime that was resolved by conviction, probation, deferred adjudication, court - ordered community supervision, or pretrial diversion.		

OCCUPANCY INFORMATION

Do you require a Handicapped Accessible Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Identify Requested Roommates:			
1) Name Last First	Phone Number		
2) Name Last First	Phone Number		
3) Name Last First	Phone Number		

MISCELLANEOUS INFORMATION

Vehicle Type (Make/Model)	Vehicle Year	Color	License Plate Number	State
Do you carry renter's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier	Agent	Phone Number	

EMERGENCY INFORMATION

Emergency Contact Name Last First Middle			Relationship
Address		Relationship	
Cell Phone	Home Phone	Work Phone	E-mail address