

## **Rental Application Checklist**

Our goal is to try and place you into a nice Home or Apartment, even if you have had some credit problems or eviction in the past. So fully complete the application and return it to us with all that's needed. We will contact you if we have any questions regarding anything negative that might not meet our criteria for our rentals.

- <u>Fully Completed</u> Application/Information Form
- COLOR Copy of Valid Driver's License and Social Security Card for Tenant Applying
- COLOR Copy of Picture ID and Social Security Cardsfor all OCCUPANTS over 18 years old
- **COLOR Copy** of Birth Cerificates for all **OCCUPANTS** under 18 years old
- Application fee in credit/debit card or money order payable to <u>TWD REAL</u> <u>ESTATE</u>
- Copy of **most recent** check stubs for past month
- Proof of Any other income (Child support, SSI etc.)

This application is incomplete and will not be processed until all of the above items have been received. Application process takes 3-7 business days.

\*It is your choice to apply for one of our properties. Whether you are approved or not the Application Fee is NON-REFUNDABLE. \*

Please check each item off before turning in your application form and call **912-228-4630** if you have any further questions. Please keep this sheet for your records. Thank you.



## OCHO RIOS VILLA APARTMENTS/B NET RENTAL APPLICATION

| PROPERTY  |                    |        |                     |                             |                 | □ Approved                   |                                |                |                 |                        |           |       |  |
|---|--------------------|--------|---------------------|-----------------------------|-----------------|------------------------------|--------------------------------|----------------|-----------------|------------------------|-----------|-------|--|
| REVIEWED BY                                       |                    |        |                     |                             |                 | Move-in Date: Rental Rate \$ |                                |                |                 |                        |           |       |  |
| DATE  |                    |        |                     |                             |                 |                              | Rejected                       | □ Needs C      | o-signer        | □ Did                  | not move  | in    |  |
| Applicant Name - Last                             |                    |        |                     | Applicant Name - First      |                 |                              |                                | Middle         |                 |                        |           | R     |  |
| Date of Birth                                     | SSN                |        | Driver's Lic. No.   |                             | State Exp. Date |                              | Home Phone                     |                | Cell Phone      |                        |           |       |  |
| Email Address                                     |                    |        | 1                   |                             | Facebook        | Acc                          | count                          |                |                 |                        |           |       |  |
| Current Address - Street                          |                    |        | City State          |                             | State           | Zip                          |                                | From/To        |                 | Monthly Rent           |           |       |  |
| Current Landlord's Name                           |                    |        |                     | Landlord's Address - Street |                 |                              |                                | City State Zip |                 |                        |           |       |  |
| Phone   | Reason for Leaving |        |                     |                             |                 |                              |                                | 30-Day No      |                 | otice Given (Yes / No) |           |       |  |
| Prior Address - Street                            |                    | City   |                     | State                       | Zip             |                              | From/To                        |                | Monthly Rent    |                        |           |       |  |
| Prior Landlord's Name                             |                    |        | Address - Street    |                             |                 |                              |                                | City           | State Zip       |                        |           |       |  |
| Phone   | Reason for Leaving |        |                     |                             |                 |                              |                                | 30-Day No      | tice Giv        | en (Yes /              | No)       |       |  |
| Current Employer – Job 1                          |                    |        | Address - Street    |                             |                 |                              |                                | City           |                 | State Zip              |           |       |  |
| Position Phone                                    |                    |        | From/To Salary-Gro  |                             |                 | ross                         |                                | Other Income   |                 | Amount                 |           |       |  |
| Current Employer - Job 2                          |                    |        | Address-Street      |                             |                 |                              |                                | City State Zip |                 |                        |           |       |  |
| Position  | Pho                | ne     | From/To Salary      |                             |                 | Gross                        |                                | Other Income   |                 | Amount<br>\$           |           |       |  |
| Bank  |                    | Branch |                     | Credit/Debit Card -         | - Institution   | l                            | Card Num                       | ber            |                 | ]                      | Exp. Date |       |  |
| Credit Reference/Cell Phone/Furniture/Finance Co. |                    |        | Account Number      |                             |                 | <u>I</u>                     | Amount Owin                    | Mon<br>\$      | Monthly Payment |                        |           |       |  |
| Credit Reference/Cell Phone/Furniture/Finance Co. |                    |        | Account Number      |                             |                 |                              | Amount Owing Monthly Paymen \$ |                |                 | ent                    |           |       |  |
| Auto-Make   |                    |        | Model               |                             |                 | Ye                           | Year Color                     |                | License Plate   |                        |           | State |  |
| Auto-Make   |                    |        | Model               |                             |                 | Ye                           | ear                            | Color          | License         | License Plate          |           | State |  |
| Mother's - Name                                   |                    |        | Address-Street      |                             |                 |                              |                                | City           | State           | Phon                   | e         | ı     |  |
| Nearest Relative/Sibling                          |                    |        | Address-Street      |                             |                 |                              |                                | City           | State           | Phon                   | e         |       |  |
| Personal Reference/Best Friend                    |                    |        | Address-Street      |                             |                 |                              | City                           | State          | Phon            | Phone                  |           |       |  |
| Spouse's Last Name                                |                    |        | Spouse's First Name |                             |                 | Middle JR/SR                 |                                |                | R               |                        |           |       |  |
| Names of Other Occupants-Last                     |                    |        | First               |                             |                 | Relationship & Age           |                                |                |                 |                        |           |       |  |
|   |                    |        |                     |                             |                 |                              |                                |                |                 |                        |           |       |  |
|   |                    |        |                     |                             |                 |                              |                                |                |                 |                        |           |       |  |
|   |                    |        |                     |                             |                 |                              |                                |                |                 |                        |           |       |  |
| Pets (If any)                                     |                    |        |                     |                             |                 |                              |                                |                |                 |                        |           |       |  |
|   |                    |        |                     |                             |                 |                              |                                |                |                 |                        |           |       |  |

I hereby certify that I am at least 18 years of age. Everything that I have stated in this Application is true and correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. I authorize you to verify all information contained in this Application, including, but not limited to, my credit, landlord, and employment information. I further authorize you to answer questions regarding your resident history and credit experience with me. Incomplete applications will be denied.

| Applicant's Signature | Date |
|-----------------------|------|

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**Background Screening Disclosure** 

I hereby authorize **BNET/TWD Real Estate** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, credit history, and civil/law suit cases.

**Authorization and Release** 

## I \_\_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release **BNET/TWD Real Estate**, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Applicant's Name (Print Legibly) Maiden/AKA/Previous Name(s) Signature **Social Security Number** /19 Date of Birth **Driver License Number State Current Mailing Address Email Address**