

# Rental Application

## Applicant Information

Name:		Email:	
Date of birth:	SSN:	Phone:	
<b>Current address:</b>			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly rent:	How long?	
Who do you make your payment to?		Phone:	Fax:
<b>Previous address:</b>			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?	
Who did you make your payment to?		Phone:	Fax:

## Employment Information

Current employer:	Supervisor:	Fax:
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly / Salary \$	Annual income:

## Previous Employment Information

Employer:	Supervisor:	
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly / Salary \$	Annual income:

## Co-applicant

Name:		Email:	
Date of birth:	SSN:	Phone:	
<b>Current address:</b>			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly rent:	How long?	
Who do you make your payment to?		Phone:	
<b>Previous address:</b>			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?	
Who do you make your payment to?		Phone:	

## Co-applicant Employment Information

Current Employer:	Supervisor:	
Employer address:	How long?	
Phone:	E-mail:	Fax:
Position:	Hourly / Salary?	Annual income:

## Previous Employment Information

Employer:	Supervisor:	
Employer address:	How long?	
Phone:	E-mail:	Fax:
Position:	Hourly / Salary?	Annual income:

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### Children

Name	Age	Relationship

### Do you receive Income from any other source?

Name:		
How much?	Weekly / Monthly	Phone:
Current address:		
City:	State:	ZIP Code:

### Caregiver information for children under 12:

Name		
Address:		Phone:
City:	State:	ZIP Code:

### Have you...

Filed Bankruptcy in the past 7 years? Yes / No (circle one) Chapter 7 or 13 (circle one)
Ever had all or part of your security deposit withheld? Yes / No (circle one) By Who:
Ever received a request to vacate or been evicted from your home? Yes / No (circle one) By Who:
Ever broken a lease agreement? Yes / No (circle one) With Who:
Ever been convicted of a felony?
Please explain:

### Vehicles:

Year:	Make:	Color:	Describe any damages:
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Year:	Make:	Color:	Describe any damages:
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### Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

I declare that the statements above are true and correct. I authorize the verification of the information provided on this form as to my credit report, general background, tenancy and employment. \$25 Application fee (per person over age 18)

Signature of applicant:	Date:
Signature of co-applicant:	Date:

**LANIER HOMES, INC.**  
**LANDLORD VERIFICATION REQUEST & RELEASE**

SECTION 1

APPLICANT TO INITIAL AND SIGN

**PERMISSION TO RELEASE PERSONAL INFORMATION**

Initial Below

           I do hereby authorize the release of any and all personal information as requested by LANIER HOMES, INC In connection with the processing of my rental application.

           I do hereby indemnify and hold harmless and blameless my landlords and LANIER HOMES, INC. in all matters concerning the transfer and use of this information.

           I do hereby authorize the verification of my application by LANIER HOMES, INC.

           I do hereby give all parties permission to make copies of this authorization and to treat such copies or facsimiles as an original.

Having read & approved the below questions. I would appreciate our landlords answering them.

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**LANDLORD TO COMPLETE VIA FAX ONLY**

**SECTION 2**

Complex Name: \_\_\_\_\_ Address: \_\_\_\_\_

How many people occupied this home? \_\_\_\_\_ How many on lease? \_\_\_\_\_

Apt # or Lot #: \_\_\_\_\_ Landlord's Telephone Number: \_\_\_\_\_

Lease Dates: Moved in \_\_\_\_\_ Moved out \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Is there a past due amount? Yes / No \$ \_\_\_\_\_ Proper move out notice received? \_\_\_\_\_

Reason for moving: \_\_\_\_\_ Any Pets? # \_\_\_\_\_ Yes / No

Were Pets approved? Yes / No Was Security Deposit held? No / Yes how much \_\_\_\_\_

Any type of Damage to home: Yes / No If Yes, what type of damage? \_\_\_\_\_

How many late payments? \_\_\_\_\_ How many NSF checks? \_\_\_\_\_ DW's \_\_\_\_\_

Would you consider them quiet and neighborly? Yes / No Would you re-rent to them Yes / No

Have there been any complaints against this/these tenants? Yes / No \_\_\_\_\_

Did this tenant keep and clean and orderly home? Yes / No clean and orderly yard? Yes / No

Your name: \_\_\_\_\_ Position \_\_\_\_\_

**LANIER HOMES, INC.**  
**EMPLOYER**  
**VERIFICATION REQUEST & RELEASE**

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**THIS SECTION TO BE COMPLETED BY APPLICANT**

**PERMISSION TO RELEASE PERSONAL INFORMATION**

Initial Below (APPLICANT TO INITIAL BESIDE EACH STATEMENT LISTED BELOW)

       I do hereby authorize the release of any and all personal information as requested by Lanier Homes, Inc. in connection with the approval process of my rental application.

       I do hereby indemnify and hold harmless and blameless my employers and Lanier Homes, Inc. in all matters concerning the transfer and use of this information.

       I do hereby authorize the verification of my application by Lanier Homes, Inc.

       I do hereby give all parties permission to make copies of this authorization and to treat such copies or facsimiles as an original.

Having read & approved the employer questions, I would appreciate employers answering them.

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT SHALL RETURN THIS FORM TO LANIER PROPERTIES WITH THE  
EMPLOYER SECTION (Below) BLANK!**

**EMPLOYER SECTION to be faxed to employer by Lanier Homes, Inc.**

**TO BE COMPLETED BY EMPLOYER ONLY**

Name of Employer: \_\_\_\_\_ Applicants Position: \_\_\_\_\_

Are you this applicant's direct supervisor? \_\_\_\_\_ Your Position: \_\_\_\_\_

**EMPLOYMENT** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Did this employee leave on good terms? Yes / No if no, then Why? \_\_\_\_\_

Were there any promotions or responsibilities added? \_\_\_\_\_

Was this employee punctual? Yes / No Was this employee reliable and dependable? Yes / No

Would you rehire this employee? Yes / No (please circle one) if NO, Why? \_\_\_\_\_

How much does / did this employee make per Hour / Week / Month \$ \_\_\_\_\_

**CURRENT EMPLOYEES:** Do you foresee any wage increases? Yes / No Amount \_\_\_\_\_

Do you foresee any changes in the work hours? Yes / No Amount \_\_\_\_\_

Signature of Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_