

Rental Application

Applicant Information

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

Employment Information

Current employer:		Supervisor:	
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 Information, if Married

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

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Children

Name	Age:	Relationship

Do you receive Income from any other source?

Name:

How much?	Weekly / Monthly	Phone:
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Current address:

City:	State:	ZIP Code:
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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, tenancy and employment. \$25 Application fee (per adult)

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

_____ 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: _____

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

THIS SECTION TO BE COMPLETED BY APPLICANT

PERMISSION TO RELEASE PERSONAL INFORMATION

(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: _____

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: _____