

THE GLEN APARTMENTS

200 Governors Court, Cartersville GA 30121 Office: 770-386-1483 Fax: 770-386-1105



CRIMSON MANAGEMENT

Please complete the entire application.

APPLICATION FOR RESIDENCY

Each applicant 18 years of age or older, must submit a separate application.

How did you hear about us? _____ . Please provide name is referral: _____ .

Applicant: _____ SS# _____ - _____ - _____ DOB: ____/____/____
First Name MI Last Name M D Year

D/L # _____ State: _____ Main Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Spouse: _____ SS# _____ - _____ - _____ DOB: ____/____/____
First Name MI Last Name M D Year

D/L # _____ State: _____ Main Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Total number of People to occupy apartment: _____ . Information for each occupant other than other than applicant and applicant's spouse must be provided below:

Name: _____ DOB: ____/____/____ Relationship to Applicant: _____

Name: _____ DOB: ____/____/____ Relationship to Applicant: _____

Name: _____ DOB: ____/____/____ Relationship to Applicant: _____

Name: _____ DOB: ____/____/____ Relationship to Applicant: _____

Applicant's Residence History: Please provide the following information about your present and past residences.

Present Address: _____
Street Name Apt # City State Zip Code

Own Rent How Long? (yr/mo) ____/____ Pymt? \$ _____ Reason? _____

_____-_____-_____
Present Apt./Landlord/Mgt Co Name Phone # Address City State

Previous Address: _____
Street Name Apt # City State Zip Code

Own Rent How Long? (yr/mo) ____/____ Pymt? \$ _____ Reason? _____

_____-_____-_____
Present Apt./Landlord/Mgt Co Name Phone # Address City State



INCOME VERIFICATION:

Total anticipated gross income from date of move-in through the next 12 months. If you are self-employed or retired, you must provide a notarized statement from your CPA/Attorney verifying the amount of income you expect to receive.

Applicant's annual salary (including fees, tips, commission and bonuses) \$ _____

Spouse's annual salary (including fees, tips, commission and bonuses) \$ _____

Additional annual income (child support, parental support, etc) \$ _____

Source of Additional income: _____
(You must provide a notarized statement verifying additional income)

Total anticipated gross income: \$ _____

Employment History

Present Employment:

_____ How long? (yr/mo)___/_____
Employer's Name Applicant's Job Title/Occupation

_____ - ____ - ____
Business Address City State Zip Code Phone Number Ext

_____ - ____ - ____
Supervisor's Name Supervisor's Phone Ext

Previous Employment:

_____ How long? (yr/mo)___/_____
Employer's Name Applicant's Job Title/Occupation

_____ - ____ - ____
Business Address City State Zip Code Phone Number Ext

_____ - ____ - ____
Supervisor's Name Supervisor's Phone Ext

Spouse Employment History:

Present Employment:

_____ How long? (yr/mo)___/_____
Employer's Name Applicant's Job Title/Occupation

_____ - ____ - ____
Business Address City State Zip Code Phone Number Ext

_____ - ____ - ____
Supervisor's Name Supervisor's Phone Ext



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Previous Employment:

Employer's Name Applicant's Job Title/Occupation How long? (yr/mo)___/____

Business Address City State Zip Code Phone Number Ext

Supervisor's Name Supervisor's Phone Ext

Vehicles:

Applicant's Vehicle: _____
Year Make Model Color License # State Name Registered To

Spouse's Vehicle: _____
Year Make Model Color License # State Name Registered To

Add'l Vehicles: _____
Year Make Model Color License # State Name Registered To

Please check if you have: Boat Trailer Motorcycle Camper Van Other _____

Pets:

Do you own any pets? Yes No How many? _____ Dog Cat

Please provide the following information on your pet?

First Pet:

Name Weight Age Color Breed Vaccines Current? Yes No

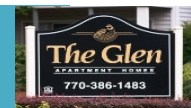
Second Pet:

Name Weight Age Color Breed Vaccines Current? Yes No

Please note that although **THE GLEN APARTMENTS** does accept pets, there is a \$350 non-refundable pet fee. If the resident has a second pet, there is an additional \$225 non-refundable pet fee. Please be aware that there is a 40 lb weight limit per pet and a two pet maximum. We only allow non-aggressive breeds. There is no fee and there are no restrictions for a service pet.

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The Lease Agreement Will Not Become Effective Until This Application Is Approved By Management. Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by any credit bureau, bank or savings and loan, employer (present and former), any leader and landlord (present and former). All such information, hereon and released as authorized above, will be kept confidential.

APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Misrepresentation on this Application will constitute a default under the Lease Agreement between parties.

APPLICATION FEE: Applicant has submitted the sum of \$_____ which is a non-refundable payment for a credit review and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or denied by Management, this application fee will be retained by Management. This application must be completed in its entirety before it can be processed.

SECURITY DEPOSIT: I hereby deposit \$_____ with Management as a Security Deposit in connection with this rental application for the apartment described below. If my application is accepted, I understand and agree that this deposit will hold apartment number _____ which is on notice to be available on or about ___/___/_____. I understand that I am entitled to a full refund of my Security Deposit if my application is denied or if I cancel within **Forty-Eight (48)** hours of the date the application was submitted.

Applicant agrees only those persons listed on this application and approved by Management may live in the apartment. A signed lease is required prior to occupancy. A written **Sixty Day (60) Notice** that the lease will be terminated at the expiration date is required. Giving **Notice of Intent to Vacate** will in no way relieve the resident of any lease obligation. If Applicant is accepted as a Resident, this application becomes a part of the Lease Agreement.

Applicant Signature

Date: ___/___/_____ Time: _____

Applicant Signature

Date: ___/___/_____ Time: _____

Applicant notified of Approval/Denial at _____ am/pm on ___/___/_____ by _____
CRIMSON MANAGEMENT Attachment E APPLICATION FOR RESIDENCY

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APPLICANT AUTHORIZATION RELEASE

In connection with my application for residence at **THE GLEN APARTMENTS**, I hereby authorize any consumer agency, current and previous employer, current and former landlord, law enforcement agency, any check authorization agency and state employment security agency to release all information regarding my personage to First Advantage Resident Solutions and The Glen Apartments.

I hereby release all of these parties from any liability in connection with the release of such information. A facsimile or other copy of this application shall be sufficient for release of aforesaid parties.

I have submitted a non-refundable fee of \$_____ to process my application for residency. I understand that this sum is not a rental payment or deposit and will not be refunded, even if the application is denied or cancelled by myself after submission.

This authorization is for this transaction only and continues in effect for one (1) year, unless limited by state law, in which case the authorization form continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

_____/____/____ Date
Applicant Signature

_____-____-____ Social Security Number
(Applicant's Printed Name)

_____/____/____ Date of Birth
Driver's License Number