GAINES INVESTMENT TRUST

Rental Application

FOR OFFICE USE ONLY	
COMMUNITY	
APT. NUMBER	MONTHLY RENT
LEASE LENGTH	CONCESSION
TRAFFIC SOURCE	

APPLICANT INFORMATION

Name			Date of Birth		
Social Security Number		Driver's License Number		State	
		E-mail address:			
Present Address	Street City State Zip Code		Home Phone	Work Phone	
Name of Community/ Mortgage Company	Phone #		Length of Residency	Rent/ Mortgage	
Previous Address	Street City State Zip Code		Length of Residency	Name of Community/ Phone #	
How Did You Hear About Us?			Date Apartment Needed		

SPOUSE

Name		Date of Birth	
Address	City State Zip Code	Home Phone ( )	
Social Security Number	Driver's License Number	State	

OTHER OCCUPANTS

Names	Relationship	Birthdate

EMPLOYMENT INFORMATION

Applicant		Spouse	
Employer	Position	Employer	Position
Address City Zip	Phone Number	Address City Zip	Phone Number
Monthly Income	Total Annual Income	Monthly Income	Total Annual Income
Length of Employment	Supervisor	Length of Employment	Supervisor
Other Sources of Income		Other Sources of Income	
Previous Employer	Position	Previous Employer	Position
Length of Employment	Phone Number	Length of Employment	Phone Number

In case of an emergency contact person? Phone

Address City State Zip Code

Will a pet or assistive animal of any type live in the apartment? YES NO If yes, please describe below:

Type: Weight (full grown): Lb. Spayed/ or Neutered? Licensed/Date

	Yes	No
Have you ever been evicted from an apartment or refused to pay rent for any reason?		
Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? If yes, please explain:		
Do you have any outstanding warrants for arrest? If YES, please explain:		
Have you ever filed for bankruptcy? If yes, date of discharge:		

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. Applicant acknowledges that false information contained herein shall be grounds for rejection of the application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed rental agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant understands that the amount received for an application fee is non-refundable. This application is preliminary only and does not obligate owner or owners representative to execute a lease or deliver possession of the proposed premises. If application is accepted, applicant understands that any information contained herein will be used should an eviction or collection action become necessary. I authorize Gaines Investment Trust to obtain credit, criminal, and/or eviction information for the purpose of determining whether or not to lease an apartment to me.

Applicant Signature	Date	Spouse Signature	Date
Agent Signature	Date		