RENTAL APPLICATION PROCESS AND FEES

• Fee is no-refundable
• $20 per person to be on the lease
• Fee must be paid in order to do a qualification
• Application must be filled out completely and signed by all parties to the lease
• Please take a moment to fill out the application, leave signed application with fee or take it with you and return it at a later date. Chetna Patel will contact you. Please feel free to call Chetna at 706-298-0584 with questions.
• Will need a copy of your driver’s license and social security card
Application for Rental Property

Date of Application _____/_____/_____

APPLICANT

Name: __________________________ S.S. # _____--____--___
First MI Last Salutation

Street City State Zip Code

Mailing Address, If different from above:____________________________________

Birth Date:__________/______/________

Home: (____) __________-________ Work: (____) __________-________
Fax: (____) __________-________ Mobile: (____) __________-________
Email________________________________________

Martial Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Disabled: Yes No
Current Housing Arrangement (please circle):
Homeowner with mortgage
Homeowner with a mortgage paid off
Rent
Homeless
Does not pay rent

Household Type:
Single Adult
Married without children
Other
Female-Head Single Parent
Married with children
Male- head Single Parent
Two or more unrelated adults

Family/Household Size: ___
How many dependents (other than those listed by any coborrower)___

What ages are they? ____________ ____________ ____________ ____________

Are there nondependents that will be living in the home? Yes No
If yes list below
Relationship __________________________ Relationship __________________________
Age __________________________
Age __________________________

Education (please circle one):
Below High School Diploma
High school Diploma or Equivalent
Two - Year College
Bachelors Degree

Referred by (please circle all that apply):
Print Advertisement
TV
Radio
Realtor
Government
Friend
**CO- APPLICANT**

Name: ________________________________________ S.S. # _____--_____--____
First MI Last Salutation

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
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</table>

Mailing Address, If different from above:_____________________________________

Birth Date:_________/_________/__________

Home: (____) __________-________ Work: (____) __________-________

Fax: (____) __________-________ Mobile: (____) __________-________

**Martial Status (please circle):** Single Married Divorced Separated Widowed

**Gender**(please circle): Male Female

**Relationship to primary applicant(s)**_____________________________________

<table>
<thead>
<tr>
<th>Disabled:</th>
<th>Yes</th>
<th>No</th>
<th>How many dependents?</th>
<th>_________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to applicant(s)</td>
<td>Age</td>
<td>Relationship to applicant(s)</td>
<td>Age</td>
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<td>Age</td>
<td>Relationship to applicant(s)</td>
<td>Age</td>
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</tbody>
</table>

**APPLICANT EMPLOYMENT** If not employed - proceed to INCOME section........

Primary Employer:

Title/Position___________________________________________ Years at Job? _____

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Phone (____) __________-________

**Part Time or Full Time? Please Circle one**
Salary: $ _______/Hr   Hrs this period_______ Yearly Gross $______ GMI$_______

Is this amount paid ___ hourly ___weekly___ bi-weekly___ bi-monthly___ monthly

Secondary Employer:
Title/Position_________________________________________ Years at Job? _____
Street                             City                             State                             Zip Code
Phone (_____) __________-____________
Part Time or Full Time? Please Circle one

Salary: $ _______/Hr   Hrs this period_______ Yearly Gross $______ GMI$_______

Is this amount paid ___ hourly ___weekly___ bi-weekly___ bi-monthly___ monthly

**If employed for LESS than TWO years at one place, continue listing employers on a separate sheet of paper.
**Regarding seasonal employment, have you worked in this field for two years or more? Yes   No

CO-APPLICANT EMPLOYMENT

Primary Employer:
Title/Position_________________________________________ Years at Job? _____
Street                             City                             State                             Zip Code
Phone (_____) __________-____________
Part Time or Full Time? Please Circle one

Salary: $ _______/Hr   Hrs this period_______ Yearly Gross $______ GMI$_______

Is this amount paid ___ hourly ___weekly___ bi-weekly___ bi-monthly___ monthly

Secondary Employer:
Title/Position_________________________________________ Years at Job? _____
Street                             City                             State                             Zip Code
Phone (_____) __________-____________
Part Time or Full Time? Please Circle one

Salary: $ __________/Hr  Hrs this period________  Yearly Gross $_______ GMI$_______

Is this amount paid ___ hourly ___weekly___ bi-weekly____bi-monthly____monthly

**If employed for LESS than TWO years at one place, continue listing employers on a separate sheet of paper.
**Regarding seasonal employment, have you worked in this field for two years or more? Yes  No

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Applicant Monthly Amount</th>
<th>CO-Applicant Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony/Child Support</td>
<td></td>
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<tr>
<td>Pension Income</td>
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<tr>
<td>Public Assistance</td>
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<tr>
<td>Self-employment Income</td>
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<tr>
<td>SSI Income</td>
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<tr>
<td>Dependent SSI Income</td>
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<tr>
<td>Disability Income</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Can you document your child support/ alimony income? Yes  No  (Please Circle one)
If yes, how long will it continue? __________________

If your child or a family member receives SSI, how many more years will the payments continue? ______________

If you receive disability income, is it for a permanent disability? Yes  No (Please Circle one)
### Checking/Savings Investments

Please list the approximate value of the following:

<table>
<thead>
<tr>
<th>Name of Bank or Institution</th>
<th>Applicant</th>
<th>Co-Applicant</th>
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</thead>
<tbody>
<tr>
<td>Checking Account</td>
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<tr>
<td>Savings Account</td>
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<td>Retirement Account</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

### Credit References

Please list any debts you have, including credit cards, auto loans, student loans, and child care expenses. **Do not include rent or utilities.**

<table>
<thead>
<tr>
<th>Paid To</th>
<th>Whose Debt?</th>
<th>Current Balance</th>
<th>Monthly Payment</th>
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<tbody>
<tr>
<td></td>
<td>A=Applicant</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>B=Co-Applicant</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Occupants to reside in the house Full Name</th>
<th>Gender M/F</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Social Security #</th>
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<tbody>
<tr>
<td>Head</td>
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<td>Co-Head</td>
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Applicants’s certification: The applicant(s) certifies that all information in this application and information furnished in support of this information is accurate and is given for the purpose of qualifying for rental property from DASH for LaGrange. The applicant(s) further certifies that this application is true and complete to the best of the knowledge and belief. Verification may be obtained from any source named herein. The applicant(s) authorizes DASH for LaGrange, Inc. to contact credit reporting agencies for the purpose of obtaining the applicant(s) credit history.

____________________________________  _______________________
Applicant’s Signature                  Date

____________________________________  _______________________
Applicant’s Signature                  Date
AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I/We have applied for a rental unit with DASH for LaGrange, Inc., LaGrange, Georgia. You are authorized to release any information required to DASH for LaGrange, Inc., to complete the processing of the rent application. Necessary information includes employment history, salaries, consumer credit payments and history, -- including rent payments records and balances.

A photographic or carbon copy of this authorization (being signed) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite my/your rental transaction.

Thank You.

___________________________  ____________________________
            Signature             Social Security Number

___________________________  ____________________________
            Signature             Social Security Number

DASH for LaGrange, Inc.
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Email- cpatel@dashlagrange.org
Website: www.dashlagrange.org