



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



Property Manager Chetna's Info
1200 4th Avenue
LaGrange, GA 30240
(706) 298 - 0584
Fax # (706) 298- 2412
cpatel@dashlagrange.org
www.dashlagrange.org

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 _____

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

Gender (please circle): Male Female

Disabled: Yes No

Current Housing Arrangement(please circle):

Homeowner with mortgage

Homeless

Homeowner with a mortgage paid off

Does not pay rent

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 _____
Age

Relationship _____
Age

Education (please circle one):

Below High School Diploma

Two - Year College

High school Diploma or Equivalent

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

Street City State Zip Code

Mailing Address, If different from above: _____

Birth Date: _____ / _____ / _____

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Fax: (_____) _____ - _____ Mobile: (_____) _____ - _____

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

Gender (please circle): Male Female

Relationship to primary applicant(s) _____

Disabled: Yes No **How many dependents ?** _____

Relationship to applicant(s) Age Relationship to applicant(s) Age

Relationship to applicant(s) Age Relationship to applicant(s) Age

APPLICANT EMPLOYMENT

If not employed - proceed to INCOME section.....

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**

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

OTHER INCOME

Type of Income	Applicant Monthly Amount	CO-Applicant Monthly Amount
Alimony/Child Support		
Pension Income		
Public Assistance		
Self-employment Income		
SSI Income		
Dependent SSI Income		
Disability Income		
Other		

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 perement disability? Yes No (Please Circle one)

Checking/Savings Investments

Please list the approximate value of the following:

Name of Bank or Institution	Applicant	Co-Applicant
Checking Account		
Savings Account		
Retirement Account		
Other		

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.**

Paid To	Whose Debt? A=Applicant B=Co-Applicant	Current Balance	Monthly Payment
1			
2			
3			

Occupants to reside in the house Full Name	Gender M/F	Relationship	Birth Date	Social Security #
		Head		
		Co-Head		

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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