

GARVIN PROPERTY MANAGEMENT

7373 Hodgson Memorial Drive, #1
Savannah, Georgia 31406
(912) 925-7778

RENTAL APPLICATION

FOR OFFICE USE ONLY
DATE _____ AGENT _____
COMMUNITY _____
APT. NO. _____ RENT \$ _____

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ located at _____
beginning on _____, at a monthly rental of \$ _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone (_____) _____
Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____
CO-APPLICANT _____ Relationship _____ Phone (_____) _____
Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____
Names of All Other Occupants _____
_____ Total Number of Occupants _____
How Many Pets? _____ Kind of Pet, Breed, Weight and Age _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____
Month & Year Moved In _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____ Monthly Payment \$ _____
PREVIOUS ADDRESS (If within 3 years) _____
Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____
PREVIOUS ADDRESS (If within 3 years) _____
Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed
CURRENT EMPLOYER (Or Most Recent) _____
Address _____ Phone (_____) _____
Date(s) Employed / From _____ To _____ Position _____
Supervisor _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____
PREVIOUS EMPLOYER _____
Address _____ Phone (_____) _____
Date(s) Employed / From _____ To _____ Position _____ Supervisor _____
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.
Amount \$ _____ Per _____ Source _____ Telephone _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1			
2			
YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			
3			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
Make/Model _____ Year _____ Color _____ Tag No./State _____
Make/Model _____ Year _____ Color _____ Tag No./State _____
Other Car, Motorcycle, etc. _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No
Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

G.P.M.

Garvin Property Management Co.

A Division of Coldwell Banker Inc.

7373 Hodgson Memorial Drive #1
Savannah, Georgia 31406
Bus. (912) 925-7778
Fax (912) 921-0206

Attention Resident Manager/Owner

Your current tenant _____ has made application to rent a unit that is managed by our company. In order to verify the information furnished, we request the following information:

1. How long has tenant resided in your property? _____
2. Amount of Monthly Rent? \$ _____
3. Did Tenant have any NSF checks? _____ If so how many? _____
4. How many times was Tenant late paying rent? _____
5. Was unit kept in good condition? _____
6. At this time, do you expect to return Tenants full security deposit? _____

If No, please explain _____

7. Does Tenant currently have pets? _____

Signature of Authorized Person

Date

Phone #

Upon completion of this form, please place it in a Sealed Envelope and have **the above Tenant return it to our office.**

Thank you for you assistance,

G.P.M.

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Attention Personnel Department:

Your Employee _____ has made application
to rent a unit that is managed by our company. In order to verify the information

Furnished, we request the following information:

1. How long employed? _____
2. Earnings? Weekly, Bi-weekly, Monthly, Yearly \$ _____
2. Does your company plan to retain this Employee for the foreseeable future? _____

Signature of Authorized Personnel Department

Date

Phone #

Upon completion of this form, please place it in a Sealed Envelope and have
the above Employee return it to our office.

Thank you for you assistance,

Janice M. Breeding/Property Manager