

GIOVINGO PROPERTIES  
1044 US Hwy 82 West, Leesburg, GA 31763  
229-435-6204 - Fax 229-435-5153  
web-site: gopropertiesalbany.com

\$25.00 (each person) Application fee pd: \_\_\_\_\_  
Security Deposit pd: \_\_\_\_\_  
**CONTACT #** \_\_\_\_\_

RESIDENT APPLICATION FOR OCCUPANCY

(\$25.00 non-refundable processing fee for each person – PHOTO ID REQUIRED)

PROPERTY FOR RENT \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_

SPOUSE OR CO-TENANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPOUSE’S (CO-TENANT) SOCIAL SECURITY # \_\_\_\_\_ DL# \_\_\_\_\_

# PERSONS WHO WILL OCCUPY THIS PROPERTY \_\_\_\_\_ EXPECTED MOVE-IN DATE \_\_\_\_\_

I LEARNED OF THIS PROPERTY FROM \_\_\_\_\_

OTHER OCCUPANTS NAMES, AGE, DATE OF BIRTH & RELATIONSHIP

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\*\*DO YOU HAVE ANY PETS? IF SO SPECIFY \_\_\_\_\_

\*\*NOTE - PETS ARE NOT ALLOWED ON MOST PROPERTIES - PLEASE INQUIRE ABOUT PET POLICY

RESIDENT HISTORY FOR LAST THREE YEARS

A. PRESENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG \_\_\_\_\_

PRESENT LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ RENT AMT: \$ \_\_\_\_\_

B. PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ RENT AMT: \$ \_\_\_\_\_

HEAD OF HOUSEHOLD EMPLOYMENT FOR LAST TWO YEARS

COMPANY ADDRESS POSITION MO INCOME SUPERVISOR TELEPHONE

A. \_\_\_\_\_

B. \_\_\_\_\_

SPOUSE’S (CO-TENANT’S) EMPLOYMENT FOR LAST TWO YEARS

COMPANY ADDRESS POSITION MO INCOME SUPERVISOR TELEPHONE

A. \_\_\_\_\_

B. \_\_\_\_\_

BANK REFERENCES

CHECKING - BANK \_\_\_\_\_ ACCT # \_\_\_\_\_ PHONE# \_\_\_\_\_

SAVINGS - BANK \_\_\_\_\_ ACCT# \_\_\_\_\_ PHONE# \_\_\_\_\_

OPEN CREDIT REFERENCES

NAME ADDRESS MO PMT BALANCE ACCT # TELEPHONE

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

OTHER FINANCIAL COMMITMENTS

TRANSPORTATION

A. TYPE OF AUTO \_\_\_\_\_ TAG # \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

FINANCED THRU \_\_\_\_\_ ACCT # \_\_\_\_\_ MO PMT \_\_\_\_\_

B. TYPE OF AUTO \_\_\_\_\_ TAG # \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

FINANCED THRU \_\_\_\_\_ ACCT # \_\_\_\_\_ MO PMT \_\_\_\_\_

DO YOU HAVE ANY RVS, BOATS, MOTORCYCLES? IF SO SPECIFY \_\_\_\_\_

HAVE YOU OR ANY OTHER MEMBER OF YOUR HOUSEHOLD EVER BREACHED OR VIOLATED YOUR CONTRACT WHILE LEAVING ANY TYPE RENTAL HOUSING? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY OTHER MEMBER OF YOUR HOUSEHOLD EVER BEEN DISPLACED OR EVICTED? \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU OR ANY OTHER MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE

APPLICANT SUBMITS HERewith A NON-REFUNDABLE PAYMENT IN THE AMOUNT OF \$25.00 FOR CREDIT CHECK, CRIMINAL BACKGROUND CHECK AND PROCESSING CHARGE. IF APPLICATION IS NOT APPROVED, SAID SUM WILL BE RETAINED BY MANAGEMENT TO COVER THE COST OF PROCESSING THIS APPLICATION. ANY FALSE INFORMATION WILL CONSTITUTE GROUNDS FOR REJECTION OF APPLICATION. MANAGEMENT OR HIS AGENT IS HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THE STATEMENTS CONTAINED HEREIN, TO COMMUNICATE WITH APPLICANT’S EMPLOYERS AND CREDITORS AND TO PROCURE SUCH OTHER INFORMATION WHICH MANAGEMENT OR AGENT MAY REQUIRE TO EVALUATE THIS APPLICATION.

(OVER)

GOOD FAITH DEPOSIT

A GOOD FAITH DEPOSIT IN THE AMOUNT OF \$ \_\_\_\_\_ IS SUBMITTED WITH THIS APPLICATION. IF APPLICATION IS APPROVED, THIS GOOD FAITH DEPOSIT WILL BE APPLIED TOWARD PAYMENT OF APPLICANT’S SECURITY DEPOSIT OF \$ \_\_\_\_\_ WHICH IS DUE PRIOR TO TAKING POSSESSION OF THE PROPERTY AND APPLICANT AGREES TO EXECUTE MANAGEMENT’S USUAL RENTAL AGREEMENT ON OR BEFORE THE OCCUPANCY DATE SET OUT IN THIS APPLICATION. IF FOR ANY REASON MANAGEMENT REJECTS THIS APPLICATION, THE GOOD FAITH DEPOSIT SUBMITTED HEREWITH WILL BE REFUNDED IN FULL TO APPLICANT.

APPLICANT MAY CANCEL THIS APPLICATION BY WRITTEN NOTICE WITHIN 48 HOURS AND RECEIVE A FULL REFUND OF THE GOOD FAITH DEPOSIT. IF APPLICANT CANCELS THIS APPLICATION AFTER 48 HOURS OR FAILS TO EXECUTE MANAGEMENT’S USUAL AGREEMENT OR REFUSES TO OCCUPY THE PREMISES ON THE AGREED UPON DATE, THE GOOD FAITH DEPOSIT WILL BE HELD UNTIL MANAGEMENT CAN DETERMINE IF IT HAS INCURRED ANY EXPENSES OR RENT LOSS DUE TO THIS CANCELLATION. THESE COSTS WILL BE DEDUCTED FROM THIS DEPOSIT AND THE BALANCE (IF ANY) WILL BE REFUNDED.

RENT AMOUNT: \$ \_\_\_\_\_ RENT BEGINS: \_\_\_\_\_

I hereby authorize GIOVINGO PROPERTIES to receive the specified information pertaining to me:

Credit history;                      Rental history;  
Criminal history;                      Work history

APPLICANTS SIGNATURE \_\_\_\_\_

Email address: \_\_\_\_\_

CO-APPLICANTS SIGNATURE \_\_\_\_\_

Email address: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

My commission  
expires: \_\_\_\_\_

**APPLICATION MUST BE SIGNED TO BE PROCESSED**

CO-SIGNER SIGNATURE MUST BE NOTARIZED IF NOT SIGNED IN OUR PRESENCE

**THIS IS A LEGALLY BINDING DOCUMENT, IF NOT FULLY UNDERSTOOD, CONSULT AN ATTORNEY BEFORE SIGNING.**

**\*\*IMPORTANT\*\***

Please include a copy of your driver license or other photo ID and your last 3-4 pay stubs with this application.