Griffin Properties ™

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Visit us on the web @ www.griffinpropertymgnt.com

LEASE APPLICATION

APPLICANT

NAME	Last	First	Middle Initial	Social Security No.

DRIVER'S LICENSE NO. / STATE ID NO.	DATE OF BIRTH	YOUR HOME PHONE NO.	YOUR WORK PHONE NO.

E-mail Address:

PRESENT ADDRESS FROM: _____ TO: _____ Length of Residency _____ Monthly Rent _____

Street Address | Apt. # | City/State | Zip Code

Current Landlord's Name	Address	Phone No.

PREVIOUS ADDRESS FROM: _____ TO: _____ Length of Residency _____ Monthly Rent _____

Number | Street | Apt. # | City/State | Zip Code

Previous Landlord's Name	Address	Phone No.

Employer	Type of Business	Position/Title	Date of Hire

Address	Immediate Supervisor and Phone No.	Monthly Gross Salary

Past Employer / Supervisor and Phone No.	Dates of Employment From _____ To _____

CO-APPLICANT

NAME	Last	First	Middle Initial	Social Security No.

DRIVER'S LICENSE NO. / STATE ID NO.	DATE OF BIRTH	YOUR HOME PHONE NO.	YOUR WORK PHONE NO.

PRESENT ADDRESS FROM: _____ TO: _____ Length of Residency _____ Monthly Rent _____

Street Address | Apt. # | City/State | Zip Code

Current Landlord's Name	Address	Phone No.

PREVIOUS ADDRESS FROM: _____ TO: _____ Length of Residency _____ Monthly Rent _____

Number | Street | Apt. # | City/State | Zip Code

Previous Landlord's Name	Address	Phone No.

Employer	Type of Business	Position/Title	Date of Hire

Address	Immediate Supervisor and Phone No.	Monthly Gross Salary

Past Employer / Supervisor and Phone No.	Dates of Employment From _____ To _____

PERSONS TO OCCUPY APARTMENT OTHER THAN APPLICANT(S)

Full Name	Age/Birthdate	Sex	Relationship
Full Name	Age/Birthdate	Sex	Relationship
Full Name	Age/Birthdate	Sex	Relationship

ADDITIONAL INCOME

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.

Amount $	Source
Please Explain	

CREDIT

CREDIT ACCOUNTS	1.	3.
	2.	4.

BANK REFERENCES

CHECKING ACCOUNT	Bank Name:	How Long?
SAVINGS ACCOUNT	Bank Name:	How Long?

AUTOS

VEHICLE #1	MAKE	MODEL	YEAR
VEHICLE #2	MAKE	MODEL	YEAR

MISCELLANEOUS INFORMATION

Name and Address of Relative/Friend to contact in case of emergency?	Phone No.

APPLICANT'S AUTHORIZATION

I have read this entire application and all of the above information is true. Any misrepresentation or omission of facts on this application is cause for rejection of this application and/or termination of the lease including forfeiture of the deposit. I understand that this application is not binding on behalf of Griffin Properties, but is subject to management's approval. I understand that the credit check fee is non-refundable. I authorize all Corporations, Companies, Credit Agencies, Banks, Persons, Educational Institutions, Law Enforcement Agencies, Military Services and current and former employers to release information, including salary, they may have about me to Griffin Properties and their agents, and release them from any liability or responsibility for doing so. I also understand that a criminal background check may be obtained relevant to this application.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Manager: _____ Date: _____

GENERAL QUESTIONS

WHAT AREA(S) ARE YOU INTERESTED IN?

_____

APARTMENT SIZE: STUDIO 1 BR 2 BR 3 BR