

APPLICATION

GRAYSON PROPERTY MANAGEMENT

Apply online, check current homes, learn about Rent To Own

www.GraysonMgt.com

Return by fax or deliver to The UPS Store (Mailboxes Etc.), 3129 25th St, Box 202

24/7 INFO 812-376-3500

Por favor que se comunicué con Su Casa Columbus, 375-9370

FAX 812-376-0529

DATE _____ ADDRESS OF HOUSE / APT. OR TYPE NEEDED _____ HOW DID YOU FIND US? _____

ADULT #1 WITH MIDDLE INITIAL _____ *BIRTHDATE _____ SOCIAL SEC # _____

ADULT #2 WITH MIDDLE INITIAL _____ *BIRTHDATE _____ SOCIAL SEC # _____

DAYTIME PHONE _____ EVENING PHONE _____ CELL _____ EMERGENCY PHONE _____

WHEN WILL YOUR NEW LEASE BEGIN _____ CAN YOU PAY THE SECURITY DEPOSIT _____ AND FIRST MONTH RENT _____ CURRENT LEASES ENDS _____

ARE YOU ON HOUSING ASSISTANCE _____ IF SO, WHO IS YOUR HOUSING AUTHORITY CONTACT _____ CHA PAYS \$ _____

PRESENT ADDRESS _____ MOVE IN MONTH AND YEAR _____ RENT _____

PRESENT LANDLORD _____ LANDLORD'S PHONE _____ HAVE YOU GIVEN NOTICE? _____

WHAT KIND OF REFERENCE WILL THIS LANDLORD GIVE?

WHY ARE YOU LEAVING _____ DO YOU OWE ANY RENT _____

PREVIOUS ADDRESS _____ WHEN _____ -- _____ RENT _____

PREVIOUS LANDLORD _____ LANDLORD'S PHONE _____

WHAT KIND OF REFERENCE WILL THIS LANDLORD GIVE?

WHY DID YOU LEAVE _____ DO YOU OWE ANY RENT? _____

ADULT #1 EMPLOYMENT _____ PHONE _____

HOW LONG _____ WAGE _____ HOURS PER WEEK _____

PAY PER WEEK, BEFORE TAXES _____ OR AFTER TAXES _____

ADULT #2 EMPLOYMENT _____ PHONE _____

HOW LONG _____ WAGE _____ HOURS PER WEEK _____

PAY PER WEEK, BEFORE TAXES _____ OR AFTER TAXES _____

OTHER PERSONS LIVING IN HOUSE / APT.

OPTIONAL:

NAME _____ (ADULT _____ MINOR _____)

NAME _____ (ADULT _____ MINOR _____)

NAME _____ (ADULT _____ MINOR _____)

NAME _____ (ADULT _____ MINOR _____)

LIST PETS _____ LIST VEHICLES _____

CAR PAYMENTS PER MONTH _____ CHILD CARE EXPENSE PER MONTH _____

SUPPORT PAYMENTS PAID OUT _____ OTHER PAYMENTS/JUDGEMENTS _____

HAVE YOU EVER BEEN EVICTED? _____ SUED FOR NON-PAYMENT OF RENT? _____

WHAT WILL WE FIND WHEN WE CHECK WITH THE COURTHOUSE, POLICE, AND OTHER CRIMINAL RECORDS?

II AGREE TO GRANT PERMISSION TO MY EMPLOYER(S) TO RELEASE EMPLOYMENT INFORMATION AND TO GRAYSON MGT. TO CHECK CREDIT REPORTS, CRIMINAL RECORDS, AND REFERENCES (LISTED OR UNLISTED) AT ANY TIME. THIS FORM IS NOT CONFIDENTIAL. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM 18 YEARS OR OLDER. *Birthdate for identification only.

SIGNED **X** _____

X _____

PRINT NAME _____ PRINT
NAME _____