## RIDGE LAKE ASSOCIATES, LLC

DATE: \_\_\_\_\_

## **APPLICATION FOR RENTAL**



Notice: All adult applicants (18 years or older) must complete a separate application for rental.

PROPERTY ADDRE	SS FOR WHICH APPLICATION IS BEIN	PROPOSED MONTHLY RENT: DATE OF OCCUPANCY:			
			LEASE TERM:		
APPLICANT II	NFORMATION				
LAST NAME	FIRST NAME	M.I.	DRIVER'S LICENSE #	STATE	
EMAIL		Social Se	ecurity #		
BIRTH DATE	CELL PHONE	WORK PHONE	HOME PHONE		
	( )	( )	( )		
VERIFICATIO	N OF LEGAL RESIDENCY S	TATUS			
WHERE WERE YOU		STATE OR PROVINCE	COUNTRY		
IF YOU ARE A BORI	N OR NATURALIZED CITIZEN OF THE	UNITED STATES, DO YOU STII	LL RETAIN YOUR LEGAL CITIZEN	SHIP IN THIS	
COUNTRY?	YESNO				
IF NOT A BORN OR	NATURALIZED CITIZEN OF THE UNIT	ED STATES, DO YOU HAVE A	LEGAL RIGHT TO RESIDE HERE?	YESNO	
IF YES, DO YOU HA	VE VALID DOCUMENTATION FROM	THE U.S. DEPT. OF CITIZENSH	IP AND IMMIGRATION SERVICE	S (USCIS)?	
YES					
IF YES, AS A NON-L	J.S. CITIZEN WITH PROPER VISA DOC	UMENTATION, PLEASE PROV	IDE THE FOLLOWING:		
REASON LIVING IN		VISA TYPE	VISA EXPIRATION	ON DATE	
	0.01		7.57. 27.1. 11.1.	J. ( J. ( )	
OTHER OCCUPANT					
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP		
			SSN		
			DRIVER'S LIC#/STATE		
BIRTH DATE	CELL PHONE	WORK PHONE	HOME PHONE		
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP		
LAST NAME	FIRST NAIVIE	IVI.I.			
			SSN DRIVER'S LIC#/STATE		
DIDTIL DATE	ICELL BUONE	WORK BLIONE	·		
BIRTH DATE	CELL PHONE ( )	WORK PHONE ( )	HOME PHONE ( )		
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP		
-			SSN		
			DRIVER'S LIC#/STATE		
BIRTH DATE	CELL PHONE	WORK PHONE	HOME PHONE		
BIRTITUALE	/ \	/ \	/ N		
LACT NIANAE	( )		RELATIONSHIP		
LAST NAME	FIRST NAME	M.I.			
			SSN		
			DRIVER'S LIC#/STATE		
BIRTH DATE	CELL PHONE	WORK PHONE	HOME PHONE		
I	<b>I</b> ( )	1( )	<b>I</b> ( )		

<b>CURRENT ADDR</b>	ESS							
Street Address			City		State		Zip	
Rent	Own	Do you have a Lease?	No	Yes	Monthly Pa	yment or Re	nt \$	
If rent, list Apt. o	or Condo complex	name and unit #						
How Long		Lease Expiration Date			Notice Give	n	No	Yes
Landlord's Name	è				Current Lan	dlord Phone	Number	
Landlord's Email					(	)		
If own, what is t	he current status o	of the property, i.e. present	tly up for sale	e, foreclosure	e, short sale,	part of divor	rce settlement,	etc?
Reason for leavi	ng current residen	ce:						
PREVIOUS ADDI	RESS							
Street Address			City		State		Zip	
Rent	Own	Did you have a Lease?	No	Yes	Monthly Pa	yment or Re	nt \$	
If rent, list Apt. o	or Condo complex	name and unit #						
How Long		Lease Expiration Date			Notice Give		No _	Yes
Landlord's Name	9				Landlord Ph	one Numbe	r	
Landlord's Email					( )			
		of the property, i.e. present	tly up for sale	e, foreciosure	e, snort sale,	part of divor	rce settlement,	etcr
Reason for leavi	ng residence:							
CURRENT EMPL	OYMENT & INCOM	ИЕ INFORMATION (Applica	int)					
1. Primary Occu	oation	Employer Name & Addr	Employer Name & Address			Gross Monthly Income		
Job or Position T	ïtle	•				•		
Supervisor Name	9	Supervisor Phone ( )	Supervisor Phone Supervisor Email				Start Date	
2. Additional Em	ployment	Employer Name & Addr	Employer Name & Address			Gross Monthly Income		
Job or Position T	itle					•		
Supervisor Name	е	Supervisor Phone Supervisor E		Email Start Date				
3. Other Income	Description	Provider of Income	Phone ( )		Email		Monthly Incor	ne
4. Other Income	Description	Provider of Income	Phone ( )		Email		Monthly Incor	ne
PREVIOUS EMPL	OYMENT & INCO	ME INFORMATION						
Previous Occupa	ition	Employer Name & Addr	ess			Gross Mont	thly Income	
Job or Position T	itle					Start Date	End Date	
Supervisor Name	9	Supervisor Phone ( )		Supervisor	Email		Reason for Le	aving

BANKING INFORMATION							
Type of Account	Bank Name & Addr	Bank Name & Address			Account Number		
Type of Account	Bank Name & Addr	Bank Name & Address			Account Number		
EMERGENCY CONTACT (a per	con not residing with you						
1. Name:	son not residing with you		Relationship:				
Street Address		City	Sta	te	Zip		
Email :	Cell Phone		Work Phone		Home Phone		
2 Names	( )		( )		( )		
2. Name:			Relationship:				
Street Address		City	Sta	te	Zip		
Email :	Cell Phone		Work Phone		Home Phone		
BACKGROUND INFORMATION	, ,		,		,		
Do you or any proposed occup		ducts? Yes	No If Yes, Ple	ase describe:			
, ,, ,, ,	, ,						
Have you or any proposed occ							
misdemeanor? Yes	No If Yes, Please provide o	date of offense,	type of offense an	d location wher	e it occurred.		
Have you or any proposed occ	upants been evicted from	a tenancy. left a	tenancy owing m	onev. or filed fo	or bankruptcy? Yes No		
If Yes, please provide date, pro							
		•		•	,		
Have you or any proposed occ					y kind?YesNo		
If Yes, please provide details o	f the move including prope	erty name and a	ddress, date, and	circumstances.			
Are you or any proposed occu	nants registered or require	nd to register as	a sev offender in a	any state in the	United States 2 Ves No		
If Yes, please provide date of j			a sex offerider in a	any state in the	officed States:fesNo		
ii res, pieuse provide date or j	augment and recation who						
PETS OR SERVICE ANIMALS							
Do you have any Pets?	No \	Yes	How Many?				
Two pet maximum, deposit re	equired for each pet, breed	d restrictions ap	· · · · · · · · · · · · · · · · · · ·				
Туре:		Type:					
Breed:		Breed:					
Age: Weig	ht	Age:	We	eight			
Spayed/ Neutered:	_NoYes	Spayed/ N	leutered:	No	Yes		
Automobiles: Number of Automobiles / Trucks: (include vehicles belonging to other proposed applicants)  If more than 3 vehicles, provide requested information in additional information at end of application.							
Color	Make/Model			ense Plate	State		
Color	Make/Model		Lice	ense Plate	State		
Color	Make/Model		Lice	ense Plate	State		

OTHER VEHICLES (BOATS	, RV'S, TRAILERS, MOTORCYCLES, AT	V'S, ETC)		
CHECK IF YOU OWN	Camper/Rv Motorcycle	Boat Tr	ailer Other (	)
Will you be parking any co	ommercial vehicles on the property?	No	Yes	
Color	Make/Model		License Plate	State
Color	Make/Model		License Plate	State
Personal References				
Name	Address		Phone	
1.				
2.				
ANY ADDITIONAL INFORM	NATION YOU WOULD LIKE TO PROVICE	DE:		
you may use additional paper i	needed.			
AUTHORIZATION AND RE		ilog ingurence are the all	alling only Variation	uiro rontora in cura a
<ol> <li>The owner of the prem for your household goods</li> </ol>	ises, for which you are applying, carr	ies insurance on the dw	eiling only. You must acqu	uire renters insurance
·	information provided in this applica	tion is true and accurat	e to the best of their kno	wledge. The Landlord or
	ressly authorized to procure a con			=
= : :	resent and former employers, lan	· ·		· ·
	al resources may be used to verify t			
	for issuing from their collective good		<del>-</del>	
	port(s) may be obtained before a	· ·		after the expiration or
<del>-</del>	as part of any effort to collect rent, c	<del>-</del>		· ·
	crepancy or lack of information on t		<del>-</del>	
	vith Ridge Lake Associates, LLC. I f			
	itted in writing within seven (7) cale			
4. Landlord and/or agen	t are committed to providing equal	housing opportunities	to all rental applicants r	egardless of race, color,
	ex, handicap or familial status.			
	ust be received in certified funds wit	thin 24 hours after appl	ications approval. Propert	y remains on the market
until deposit is received.		_		
agreement between App	create a lease. This application, e icant and Landlord or an offer to lear rmal Lease Agreement and Applican	ase. No lease shall exist	between Applicant and L	andlord unless and until
	Applicant understands that formal			
• •	cation fee is paid. Any delay on app		• •	•
being approved for tenan		pare in Submitti	application rec ma	, . source mandance party
	uthorization Tenant must sign a Pet	Exhibit and provide a no	on-refundable Pet Deposit	
Printed Name:			-	
Signature:			Date:	
Jigilatule.			Date:	<del></del>
FOR OFFICE USE ONLY				
- GOVERNMENT ISSUED	ID SUBMITTED	RID	GE LAKE ASSOCIATES	, LLC
- APPLICATION FEE SUBN	MITTED		2500 DALLAS HIGHWAY	
- TWO RECENT PAY STUE	S SUBMITTED		SUITE 202, PMB #182	
- RESIDENCY STATUS VER	RIFIED		MARIETTA, GEORGIA 30064	Į.
- TENANT SCREENING CO	OMPLETED	ridgel	akeassociates@yaho	oo.com

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Ridge Lake Associates, LLC and their agents to receive any CRIMINAL HISTORY record information pertaining to me which may be in the files of any state, local or national criminal justice agency or repository. I release all parties from liability for damages for issuing such information in good faith.

FULL NAME:					
SSN:					
ADDRESS:				APT #:	
CITY:			STATE:	ZIP:	
SIGNATURE:				DATE:	
	The following information is required to insure an accurate match and used for no other purpose.				
L	Sex:	Race:	Date of Birth:		