



Requirements for Eligibility to Lease

\$50 Non-Refundable Application Fee (cash/money order) per adult 18+ years old

FAIR HOUSING: It is G Team Property Management's policy not to discriminate against any person because of that person's race, color, creed or religion, sex, sexual orientation, national origin, age, marital status, military status, handicap, disability, or any other protected status. You may ask G Team Property Management to consider any reasonable accommodation or modification you need because of a disability.

Occupancy Guidelines: The following occupancy standards apply based on two persons per bedroom, plus one per home. 1 Bedroom = 3 Persons; 2 Bedroom = 5 Persons; 3 Bedroom = 7 Persons; 4 Bedroom = 9 Persons; 5 Bedroom = 11 Persons. These occupancy standards do not apply to anyone protected under the Federal Fair Housing Guidelines as they relate to familial status. Familial status is defined as "one or more individuals (who have not attained the age of 18 years) being domiciled with a parent or another person having legal custody of such individual or individuals; or the designee of such parent or other person having such custody, with the written permission of such parent or other person. The protections afforded against discrimination on the basis of familial status shall apply to any person who is pregnant or is in the process of securing legal custody of any individual who has not attained the age of 18 years." The Landlord reserves the right, however, to limit occupancy in unique situations due to the physical limitations of the property (for example, limitation of the building's sewer and electrical systems) and state and local building codes that impose their own set of minimum space requirements per occupant.

Criminal History: A criminal background check will be conducted for each applicant and occupants aged 18 years or older. *A conviction for the illegal manufacture or distribution of a controlled substance OR a felony conviction of any kind is cause for an automatic denial of an application by the Landlord.* Criminal convictions relating to violent acts, crimes of dishonesty or breach of trust, or matters of similar nature or severity, may be

cause for denial of an application. In addition to the nature and severity of the conviction, the Landlord will consider factors including, without limitation, the amount of time that has passed since the relevant conviction and whether such conviction could reasonably be deemed to be indicative of a potential risk to safety and/or property.

Rental History: Applicant with a previous Eviction on record will NOT be considered and is cause for an automatic denial of an application by the Landlord. All applicants are to provide rental history for the previous FIVE years. We will call and speak to your current Landlord.

Guarantors: A guarantor will be required for applicants who are students, who cannot provide proof of verifiable income, or do not have any rental history but otherwise meet all other application requirements. Guarantors are restricted to family members who assume responsibility for all payments pursuant to the Lease.

Credit History: We will request a credit report on all applicants to verify credit worthiness. We do not have a minimum credit score; however, we are looking for any accounts in collections. Student loans and/or medical bills usually do not impact the applicant.

Employment/Income Verification: Applicants must provide proof of verifiable gross household monthly income. Income must be at minimum THREE times the amount of monthly rent. (TIP: Adding paychecks for the most recent 6 to 8 weeks will help expedite our approval process and help verify employment verification as well.) Applicants who meet this criteria will only need to pay security deposit and first month's rent prior to move-in.

Pets / Animals: Applicants are required to disclose in the rental application all pets that will reside in the Property. Maximum pets allowed is 2 and each pet under 25lbs will be approved on a case-by-case basis. There is a pet fee of \$25 each month per pet.

Smoking Policy: Smoking is strictly prohibited inside any Property.

**Application fees cover the cost and administration for running individual background and credit checks.*

**Applying to G Team Property Management does not guarantee approval by the Landlord, nor does it constitute a lease for the Property which you applied.*

**Only if approved by the Landlord will you be given the opportunity to pay a deposit and sign a lease in order to reserve a Property.*



121 Public Square • Lebanon, TN 37087 • 615-466-3030

RENTAL APPLICATION

Property Applying For: _____

APPLICANT NAME _____

PHONE #: _____

DATE OF BIRTH ____/____/____ SS#: _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Smoker: (Circle One) Yes No

APPLICANT NAME _____

PHONE #: _____

DATE OF BIRTH ____/____/____ SS#: _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Smoker: (Circle One) Yes No

CURRENT RESIDENCE:
CURRENT LANDLORD PHONE NUMBER: _____
DATES OF RESIDENCY: _____
CURRENT MONTHLY RENT AMOUNT: \$ _____
REASON FOR MOVING: <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER <input type="checkbox"/> In current Lease Agreement

IF AT CURRENT RESIDENCE FOR LESS THAN 5 YEARS PLEASE COMPLETE THE BELOW SECTION		
PREVIOUS RESIDENCES	APPLICANT NAME	CO-APPLICANT NAME
PREVIOUS ADDRESS:		
PREVIOUS LANDLORD:		
PREVIOUS LANDLORD NUMBER:		

DATES OF RESIDENCY:		
MONTHLY RENTAL AMOUNT:		
REASON FOR MOVING:		
	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Own
PREVIOUS ADDRESS:		
PREVIOUS LANDLORD:		
PREVIOUS LANDLORD NUMBER:		
DATES OF RESIDENCY:		
MONTHLY RENTAL AMOUNT:		
REASON FOR MOVING:		
	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Own
PREVIOUS ADDRESS:		
PREVIOUS LANDLORD:		
PREVIOUS LANDLORD NUMBER:		
DATES OF RESIDENCY:		
MONTHLY RENTAL AMOUNT:		
REASON FOR MOVING:		
	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Own

HOUSEHOLD COMPOSITION-ALL PERSONS OTHER THAN APPLICANT WHO WILL RESIDE IN THE RESIDENCE

	Full Name	Relationship	Date of Birth	Age	Social Security #
1					
2					
3					
4					
5					
6					

INCOME- ALL amounts, monetary or not, that go to or are received on behalf of the family head, spouse, or co-head, or any other family member; and/or **ALL** amounts anticipated to be received from a source outside the family during the 12 month period following admission or annual recertification effective date. This includes, but is not limited to: Full and/or part-time employment, seasonal employment, welfare assistance, social security, pensions, SSI, disability, military pay/benefits, unemployment, child support, alimony, student grants/loans, self-employment, Native Dividends, income from the sale of property, income from trusts and any other income received from people not residing with you.

Additional Source of Income	Applicant Name:				Co-Applicant Name:		
	Yes	No	Monthly Amount		Yes	No	Monthly Amount
Must mark yes or no on all sources listed							
SSI/SSA							
VETERAN'S PENSION							
SENIOR ASSISTANCE							
PENSIONS/RETIREMENT							
UNEMPLOYMENT							
CHILD SUPPORT							
ALIMONY							
OTHER:							

OTHER:							
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*Includes rent & utility payments paid on behalf of family, and other cash or non-cash contributions on a regular basis.

EMPLOYMENT INFORMATION- Please complete for all employed household members.

	Applicant	Co-Applicant
Employer Name		
Address		
Phone Number		
Fax Number		
Occupationn		
Supervisor Name		
Wages/Hours Wk		
	From/To	From/To
Dates of Employment		

****PLEASE ATTACH 6-8 WEEKS OF PAYSTUBS TO EXPIDITE THE APPLICATION PROCESS****

Does anyone in the household anticipate gaining part of full-time employment status within the 12 months?

Circle One: Yes No If yes, please explain: _____

Does anyone in the household anticipate obtaining any other source of income within the 12 months?

(*i.e. Social Security benefits, Public Assitance, Unemployment Insurance, Child Support, etc.)

Circle One: Yes No If yes, please explain: _____

Does anyone in the household require any reasonable accommodations/modifications?

Circle One: Yes No If yes, please explain: _____

Are you currently residing in a home that is leased or owned by family and/or friends?

Circle One: Yes No If yes, please explain: _____

*Please note that if you responded "Yes" you will be required to provide documentation from homeowner/lease holder verifying the information.

Have you, or any household member, ever been evicted from any housing?

Circle One: Yes No If yes, please explain: _____

Have you, or any household member, ever been convicted of a violent crime, i.e. assault?

Circle One: Yes No If yes, please explain: _____

Have you, or any household member, ever been convicted of a drug-related crime?

Circle One: Yes No If yes, please explain: _____

Have you, or any household member, ever been convicted of a felony?

Circle One: Yes No If yes, please explain: _____

PETS

Do you, or any member household member, have a pet? YES NO

Breed: _____ Weight: _____ Age: _____

Breed: _____ Weight: _____ Age: _____

Breed: _____ Weight: _____ Age: _____

AUTO INFORMATION

Make: _____ Model: _____ Plate #: _____

Make: _____ Model: _____ Plate #: _____

Make: _____ Model: _____ Plate #: _____

Have you given legal notice where you currently reside? Yes No

What date you are prepared to take occupancy of residence? _____/_____/_____

STATEMENT OF TRUTH

*I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (personal/landlord, etc.), criminal history, and financial information to a representative of G Team Property Management. I understand that this application is **not** a rental agreement and this application does not create any obligation on the Landlord. The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.*

Applicant Signature

Date

Co-Applicant Signature

Date



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RENTAL VERIFICATION FORM

Please release the following information to **G TEAM PROPERTY MANGEMENT**, where I have applied for residency:

Tenant's Name(s): _____

Present Address: _____

Landlord: _____

Landlord's Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Landlord Email: _____

Signature _____ Date _____

*****FOR LANDLORD / LANDLORD'S OFFICE USE ONLY - TENANT, PLEASE DO NOT WRITE BELOW THIS LINE*****

Rent Amount? \$ _____ Paid Monthly? _____ Weekly _____ Bi-Weekly _____ Any Money Owed: Yes No

If yes, please explain: _____

of Occupants: _____ Date of Residency? From _____ to _____

Where there any late payments (circle one)? YES / NO If yes, number of late payments: _____

Where any checks returned as NSF (circle one)? YES / NO If yes, number of NSF checks: _____

Were there any disturbances'(s)/Complaints? If yes, please explain: _____

- | | | |
|---|-----|----|
| 1. Did the resident or his family/guests damage the property? | Yes | No |
| 2. Did the resident pay for the damages? | Yes | No |
| 3. Did the resident violate the lease agreement in any way? | Yes | No |
| 4. Did the resident give proper notice for vacating? | Yes | No |
| 5. Did resident receive their deposit back? | Yes | No |
| 6. Did the resident have any pets? | Yes | No |
| 7. Would you rent to this individual again? | Yes | No |

Additional Comments:

Name and title of person providing reference: _____

Reference Signature: _____ Date: _____



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EMPLOYMENT VERIFICATION

The individual named below has submitted a rental application to G Team Property Management. Please provide the information requested and fax the form to G Team Property Management 615-449-5953 or email gteamcoordinator@gmail.com.

Name of Applicant: _____

Name of Employer: _____

Last Four of SS#: _____ DOB: _____

I hereby authorize the release of the information requested below.

Applicant's Signature

Date

FOR OFFICE USE ONLY

*****TO BE COMPLETED BY EMPLOYER*****

Date of Hire: ____/____/____

Salary \$ _____ per _____ (week, month, year)

Check One: Employment is: ____ Full-time ____ Part-time

Signature

Title/Department

Date