



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 _____

EMAIL ADDRESS _____

Smoker: (Circle One) Yes No

CO-APPLICANT NAME _____ PHONE #: _____

DATE OF BIRTH _____ SS#: _____

CURRENT ADDRESS _____ CITY/STATE _____

EMAIL ADDRESS _____

Smoker: (Circle One) Yes No

CURRENT RESIDENCE

CURRENT LANDLORD NAME: _____

CURRENT LANDLORD PHONE NUMBER: _____

DATES OF RESIDENCY: _____

CURRENT MONTHLY RENT AMOUNT: \$ _____

REASON FOR MOVING:

RENT OWN OTHER 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:		
	Must mark yes or no on all sources listed	Yes	No		Monthly Amount	Yes	No
SSI/SSA							
VETERAN'S PENSION							
SENIOR ASSITANCE							
PENSIONS/RETIREMENT							
UNEMPLOYMENT							
CHILD SUPPORT							
ALIMONY							
OTHER:							
OTHER:							

**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		

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 Assistance, 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



121 Public Square •Lebanon, TN 37087•615-466-3030 Office 615-449-5953 Fax

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 # (____) _____ - _____

Signature _____ Date _____

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

Amount of Monthly Rent? \$ _____ Money Owed: _____

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 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: _____

Last Four of SS#: _____ DOB: _____

I hereby authorize the release of the information requested below.

Applicant's Signature Date

TO BE COMPLETED BY EMPLOYER

Date of Hire: _____

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

Circle One: Employment is Full-time Part-time

_____ Signature

_____ Title/Department

_____ Date