

Desired Date of Occupancy: \_\_\_\_\_

Apt. Size \_\_\_\_\_

Apt. # \_\_\_\_\_



# GCHP-Management, LLC

## RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected.

<b>Applicant's Name</b>					Present Phone #:
<b>Present Street Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	Monthly Rent: \$
<b>Present Community Name</b>				<b>Landlord Phone #:</b>	Length of Residence:
<b>Former Street Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	Monthly Rent: \$
<b>Reason For Leaving:</b>				<b>Landlord Phone #:</b>	Length of Residence:

<b>Spouse's Name</b>					Present Phone #:
<b>Present Street Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	Monthly Rent: \$
<b>Present Community Name</b>				<b>Landlord Phone #:</b>	Length of Residence:
<b>Former Street Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	Monthly Rent: \$
<b>Reason For Leaving:</b>				<b>Landlord Phone #:</b>	Length of Residence:

### HOUSEHOLD COMPOSITION

	Full Name	Relationship	Age	Social Security #	Date of Birth	Full Time Student?
1					__/__/__	[ ] Yes [ ] No
2					__/__/__	[ ] Yes [ ] No
3					__/__/__	[ ] Yes [ ] No
4					__/__/__	[ ] Yes [ ] No
5					__/__/__	[ ] Yes [ ] No
6					__/__/__	[ ] Yes [ ] No



Are any household members listed above foster children? [ ] Yes [ ] No If yes, who? \_\_\_  
 Are any household members listed above live-in attendants? [ ] Yes [ ] No If yes, who? \_\_\_  
 Are any household members planning to attend school full-time? [ ] Yes [ ] No If yes, who? \_\_\_  
 Does anyone live with you now who is not listed above? [ ] Yes [ ] No  
 Does anyone plan to live with you in the future who is not listed above? [ ] Yes [ ] No  
 Do you anticipate any changes to your household composition in the next twelve months? [ ] Yes [ ] No  
**Please explain if you answer "Yes" to a question above:** \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

<b>Applicant's Name:</b>		<b>Occupation:</b>		<b>Employer's Phone:</b>	
Name and Address of Employer:		City		State	Zip Code
Date Hired	Salary \$	Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other <input type="radio"/>			Employer Fax:
Name and address of previous employer (if employed at present position less than 2 yrs.)		# of years with previous employer		Employer's Phone:	

<b>Spouse's Name:</b>		<b>Occupation:</b>		<b>Employer's Phone:</b>	
Name and Address of Employer:		City		State	Zip Code
Date Hired	Salary \$	Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other <input type="radio"/>			Employer Fax:
Name and address of previous employer (if employed at present position less than 2 yrs.)		# of years with previous employer		Employer's Phone:	

**If you have no salary, from what source will you pay your rent?** \_\_\_\_\_



**OTHER SOURCES OF INCOME**

Do you receive income from any of the following? Please mark “yes” or “no” for each source of income.

Source – Employment	Check One	Source – Benefit/Pensions	Check One	Source – Other	Check One
Second Job	[ ] Yes [ ] No	Workers Compensation	[ ] Yes [ ] No	Grants	[ ] Yes [ ] No
Bonuses	[ ] Yes [ ] No	Unemployment	[ ] Yes [ ] No	Scholarships	[ ] Yes [ ] No
Tips	[ ] Yes [ ] No	Alimony	[ ] Yes [ ] No	Recurring Gifts	[ ] Yes [ ] No
Commissions/Fees	[ ] Yes [ ] No	Child Support	[ ] Yes [ ] No	AFCD/TANF	[ ] Yes [ ] No
Overtime Pay	[ ] Yes [ ] No	Social Security	[ ] Yes [ ] No	Other	[ ] Yes [ ] No

For each “yes” marked above, please complete the following:

Household Member Name	Amount Received	Source
	\$ _____ Per _____	
	\$ _____ Per _____	
	\$ _____ Per _____	
	\$ _____ Per _____	

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets? Please mark “yes” or “no” for each type of asset.

Type of Asset	Check One	Type of Asset	Check One	Type of Asset	Check One
Checking Account	[ ] Yes [ ] No	IRA/Keogh Account*	[ ] Yes [ ] No	Revocable trust fund	[ ] Yes [ ] No
Savings Account	[ ] Yes [ ] No	Retirement/Pension Fund*	[ ] Yes [ ] No	Mortgage/Note Held	[ ] Yes [ ] No Life
Cash	[ ] Yes [ ] No	Mutual Funds/Stocks*	[ ] Yes [ ] No Real	Insurance Policy*	[ ] Yes [ ] No
Certificate of Deposit*	[ ] Yes [ ] No	Estate/Land*	[ ] Yes [ ] No	Personal Property Held	[ ] Yes [ ] No As Investment

For each “yes” marked above, please complete the following:

Household Member Name	Type of Asset	Cash value (see note)	Interest asset will earn next 12 mos
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

**Note: \*When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash (e.g., if you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc?) That is the amount to be listed in the “cash value” column.**



Have you sold or disposed of any property for less than fair market value within the past two years preceding the date of this application? (If sale due to bankruptcy, foreclosure, divorce, answer no.) [ ] Yes [ ] No

If yes, explain. \_\_\_\_\_

**Vehicles:** Number of automobiles, boats, motorcycles, trailers, RV's, etc. you would keep on this property.

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**DO YOU HAVE PETS?**

[ ] Yes [ ] No

If Yes, please list:

Type	Breed	Weight	Color	Age

**Background Information**

Have you, your spouse or any other prospective residents or occupants listed on this Application ever (check if applicable; you represent the answer is "NO" to any item not checked below):

- been evicted or asked to move out?
- broken a rental agreement or lease contract?
- been or are currently delinquent to a previous landlord?
- declared bankruptcy; if so, when?: \_\_\_\_\_

**Emergency Contact** (preferable a relative over the age of 18 years):

_____	_____	_____
Name	Address	
_____	_____	_____
City, State, Zip	Phone	Relationship

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. By signing below, I/We authorize **GCHP Management** to make inquiries through the Credit Bureau and/or from my/our employer and other references that I/We have supplied on this rental application.

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by an officer of said company and delivery of a lease covering said premises. Please allow a minimum of **5 days** to process your application for both credit and character references. I/We have no objection to inquiries for the



purposes of verification of the above statements. This includes a police check. It is understood that the above information will be held in strict confidence.

A criminal background check will be run on the applicant. The applicant will be advised of the results. Consideration of a criminal conviction will be one of the factors in determining whether the applicant will be granted or denied a lease. The Landlord shall abide by all laws, rules, and regulations of the Federal and State Fair Housing Laws and other applicable laws as well as its internal policy in making a determination for Applicant's right of occupancy.

Falsification of application information will result in termination of application and/or Lease Agreement. I/We have been advised and understand that residency at \_\_\_\_\_ entails certain income restrictions and that residency is subject to qualification. I/We agree that in addition to a Lease Agreement that I/We will execute a **Tenant Income Certification** attesting to the information contained herein which certification will be made under the penalty of perjury.

**APPLICATION DEPOSIT AND NON-REFUNDABLE FEES:**

Simultaneously with the execution of this Application, Applicant has paid:

Application Deposit (the "Application Deposit") \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Non-Refundable Application Fee \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Total \$ \_\_\_\_\_

*Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is conditional upon: (i) Owner's approval of this Application; and (ii) receipt of an executed Apartment Lease Agreement from Applicant. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.*

*The Application Deposit is not considered a security deposit under this Application or applicable law. The Application Deposit will either be: (i) credited to the required security deposit pursuant to an Apartment Lease Agreement executed by Applicant; (ii) refunded to Applicant as provided herein; or (iii) retained by Owner as liquidated damages as provided herein.*

**Application Deposit Credited to Security Deposit**

*In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.*

**Application Deposit Refunded**

*If this Application is denied, the Application Deposit will be refunded to Applicant.*



**Application Deposit Retained by Owner**

*Owner shall be entitled to retain the Application Deposit as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing this Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within this Application. For the purposes of this provision, if the Applicant is required to pay an additional Application Deposit in order to qualify for occupancy, the Applicant shall be deemed conditionally accepted prior to the payment of such additional Application Deposit and the failure to pay the additional Application Deposit will entitle Owner to retain the originally paid Application Deposit, even if the Application is subsequently rejected by the Applicant's failure to pay the required additional Application Deposit.*

In the event any information you have provided above has changed since the date of submission of this Application and prior to a decision on your potential Lease Contract, you are required to make all necessary revisions, amendments or changes to most accurately reflect your circumstances. The failure to do so may, at Landlord's option, form the basis to disallow your application or will be considered a breach of the lease placing you in default if a lease is in place.

Should any false, misleading or intentionally inaccurate information be provided in this Application Landlord may, at its option, disallow this Application or place you in default in your Lease Contract if a lease is in place.

This Application and all information contained herein shall be a part of any Lease Contract you enter into.

Dated effective on the date Owner or Owner's representative has received a completed Application from Applicant, as indicated above.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Application Approved  Denied  by: \_\_\_\_\_

Date: \_\_\_\_\_

Notification of Approval / Denial by: \_\_\_\_\_

Date: \_\_\_\_\_

Reason NOT Approved (if applicable) \_\_\_\_\_





## The Elysian Apartments Resident Qualifications

**Equal Housing:** This community does not discriminate on the basis of race, color, age, sex, religion, handicap, familial status, sexual orientation or national origin.

**Identification:** All visitors must present a current photo ID issued by a state or government authority (i.e. State Issued Driver's License, State Issued Photo Identification Card, current Passport, current United States Military ID card, or VISA issued by US immigration and Naturalization Services) A copy of all applicant's photo IDs will be made and retained at time of application.

**Occupancy Limits** - Number of occupants per apartment shall not exceed:

- 1 Bedroom — 2 persons
- 2 Bedrooms — 4 persons
- 3 Bedrooms — 6 persons

**Application for Residency:** An Application for Residency must be completed and maintained for each applicant 18 years or older who will be living in the apartment and/or contributing to the payment of rent.

**Rental History:** Up to 24 months of rental history may be verified on present and previous residency and / or mortgage history. A positive record of prompt monthly payment, sufficient notice, with no damages is expected, Eviction, Skip, or Money Left Owing to a Landlord within seven (7) years of application date or falsification of this application may result in an automatic Tejection. In addition, the resident must have no resident problem issues with current or prior landlord. If an eviction was filed, your application is automatically declined.

**Credit History:** An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community.

An unsatisfactory credit report is one which reflects past or current bad debts, late payments or unpaid bills, liens, judgments or bankruptcies.

**Employment / Income:** Applicants must have a verifiable income source. Acceptable income verification required may include (a) Income statements (i.e. pay stubs) must be consecutive and current a 6-week period prior to the application or a bank statement showing recurring pay deposits for 12 months. (b.) Proof of income verified by employer on company letter head. This will be called on and verbally verified by the onsite staff. (c.) Job opportunity letter on company letterhead. This will be called on and verbally verified by the on-site staff. (d.) In the event of self-employment, applicant(s) must provide proof of income via the last year's tax return or an accountant's certification of income.

If applicant(s) has no current employment, one or more of the following conditions must be met: (a.) Applicant(s) must provide bank statement reflecting balance equivalent to rental obligation for entire lease term (&.) Proof of Trust Income, or (c.) Proof of Social Security, Retirement, Unemployment or Disability Income.

Your Gross Monthly Income must be **2.5 times** the monthly rental amount (to include a \$100.00 monthly variance). If unemployed, you must show proof of unearned income that meets required gross monthly income ratio. If self-employed, applicant must provide copies of immediate past (2) years IRS tax returns and current bank statement that supports income stated. If child support and/or alimony are to be considered as income to qualify, applicant must provide proof that child support has been received for the past six months and a copy of the court order to verify monthly amount awarded.

**Lease Guarantors:** A Lease Guarantor and/or Additional Security Deposit may be required upon evaluation of rental application(s). Lease guarantors may be accepted for students only, for income verification purposes only and must reside in the USA. Guarantor must qualify based not only on the proposed rent amount for the applicant's apartment, but the combination of the proposed rent plus their own housing obligation.

**Non-US or US Citizens without a SSN or ITIN:** Applicant must provide a valid Passport and must include at least one (1) appropriate U.S. Citizenship and Immigration Services (USCIS) document, as Specified below.

US. Citizenship and Immigration Services (USCIS) documents (must be a valid unexpired document) as follows:

Certificate of Naturalization, Certificate of Citizenship, I-551 Stamp contained in valid foreign passport, I-94 card contained in valid foreign passport, Alien Registration Receipt card (Resident Alien Card), Temporary Resident card,





# GCHP-Management, LLC

Employment Authorization card, Refugee Travel document, Foreign students with an FI Visa status must show USCIS document I-20 and verification of current enrollment in a US school.

Applicant must pay one (1) month additional deposit equivalent to one (1) month "market" rent. If applicant is referred by a government agency they will only have to pay the standard deposit. Property must also obtain proof of income.

**Criminal Background Check:** A criminal background check will be run on all Applicants. The Applicant will be advised of the results. A full review and analysis of a criminal conviction will be one of the factors in determining whether or not the Applicant will be granted or denied a lease. The Lessor shall abide by all laws, rules and regulations of the Federal and State Fair Housing Laws and other applicable laws as well as its internal policy in making a determination for Applicant's right of occupancy.

**Vehicle Parking:** All vehicles must have current licenses and inspection stickers as required by Louisiana or Mississippi Law. No unlicensed or inoperable vehicles allowed on the property. Each apartment is allowed 2 automobiles and must be owned by resident. No boat, RV, trailer or commercial truck (more than 2 axles) storage allowed on the premises,

**Pet Approval:** No pets are allowed without management's prior written approval and payment of pet deposit and fee for each pet. There is a limit of no more than 2 pets allowed per apartment. Full grown **weight limits not to exceed 50lbs** and must meet all other Pet Requirements for approval.

**Fees Owed to Process Application:** Non-refundable application fee plus the security deposit must be paid with application in order to process for occupancy. Upon move in, a copy of all occupants 18 years or older valid driver's license or state identification card will be made for your permanent file.

**Notification:** Applicants will be informed of the status of their application by telephone within five (5) business days (Mon — Fri) from submitting the application and the required processing fee. If the applicant is rejected, the applicant will be given an adverse action letter with information to contact **Real Page** to request copies of the information used to determine eligibility for occupancy. Management cannot be held responsible for inaccuracies contained in any information obtained and is not allowed to provide details to the applicant regarding said information.

**Disclaimer:** All prospective residents are screened to meet the above qualifications based on information supplied by sources deemed to be reliable. There may be occasions wherein limited information is available or supplied for screening and events may have occurred since the application was obtained. We, therefore, do not warrant representation that these qualifications are absolute for all existing residents. Management also reserves the right to offer residency to Corporate Companies. Corporate companies may utilize an independent screening process in qualifying their occupants.

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessor / Agent for Owner

**\*If applying for residency via fax and/or mail, a copy of a federally issued picture ID is required and all applications must be notarized.**







# GCHP-Management, LLC

## TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                               |                                |                          |
|-------------------------------|--------------------------------|--------------------------|
| Past and Present Employers    | Welfare Agencies               | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions       | Retirement Systems       |
| State Unemployment Agencies   | Social Security Administration | Medical and Child Care   |
| Banks and other Financial     | Previous Landlords (including  | Providers                |
| Institutions                  | Public Housing Agencies)       |                          |

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

### SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of CO/Applicant Resident	_____ Printed Co/Applicant/Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**