

Doris Thomas Realty, Inc.

4903 Montgomery Street
Savannah, GA 31405
Phone (912) 355-0294 or Fax (912) 355-0295
Repair Line 1-800-574-4108

RENTAL APPLICATION Equal Housing Opportunity

The undersigned hereby makes an application to rent the following property:

Property Address _____ Date _____

Anticipated move date of _____ at a monthly rent of \$ _____ and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone # _____

Date of Birth _____ Social Security Number _____

Driver License # _____ Or ID# _____

Email Address _____ (optional) Other Phone (Cell#) _____

Co-Applicant Name _____ Co-Applicant Date of Birth _____

Social Security Number _____ Driver License No. _____

Names of Dependents _____

Dependents Date Birth _____

List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ State _____ Zip _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent\$ _____

Owner/Agent _____ Phone () _____

Previous Address (last 3 years) _____ Rent\$ _____

Owner/Agent _____ Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____ Address _____

Dates employed _____ Employed as _____

Supervisor Name _____ Phone () _____

Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of

Previous employer or School _____ Address _____

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact:

Name _____ Address _____

PLEASE LIST YOUR REFERENCES

Personal Reference or Emergency Contact:

Name _____ Address _____

Phone _____ Cell# _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Applicant Date

RENTAL VERIFICATION FORM

The individual signed below has submitted a rental application to our company. Please complete the following verification information. When completed, please fax this form back to 912-355-0295

Thank you for your prompt response.

Name of Resident _____

I hereby authorize release of information requested below for my rental address at:

Street

Applicant Signature

City State Zip

Is the applicant present or a past resident of your company?

Move in Date _____

Lease Ending Date _____

Monthly Rent _____

#Late Payments _____

Did tenant provide a 30 day notice? _____

Yes No

Is there currently a past due amount owed on the resident's account

Does the resident have a pet

Has the animal caused a problem or been a nuisance?

Have you EVER had to begin eviction procedures against this tenant?

Was the home left in good condition?

Would you rent to this applicant again?

Signature

Date

Title/Company

**VERIFICATION FORM
EMPLOYMENT**

The person below has applied for a rental property with our company. As a present or previous employer for this applicant please complete the following verification information.

Name of Employer_____

Address of Employer_____

Signature of Applicant _____

_____ Date

Employers Write Below This Line

Date Started_____

Date Terminated_____

Position_____

Approximate Salary Per Month_____

Signature of Verifying Information_____

Title of Person Verifying Information_____

**Reservation Deposit
Refund Policy**

After having paid a reservation deposit, and having decided not to accept the house of apartment for which you have applied, a portion of the reservation deposit may be returned to you according to the schedule below

UNDER NO CIRCUMSTANCES WILL THE ENTIRE DEPOSIT BE RETURNED

If repairs have started or been made prior to your decision to cancel, you will only be entitled to the difference of the repair cost. Upon signing the lease the Reservation Deposit will be transferred to the Security Deposit Account.

Days from date Reservation is in our office, and the date you notify us in writing of decision to cancel.

1 – 7 days	80%
8 – 14 days	70%
15 – 20 days	60%
Over 21 days	No Refund

I have read and agree to the above Reservation Deposit Refund Policy.

Signature

I understand that my credit may be considered in the process of this Application.

Signature

Rental Guidelines: Photo ID, two(2) recent Pay Stubs, Verified Employment at least 1 year, Income must be 2 ½ times the rent Amount, Previous Landlord Information, and Application Fee