

Application Process

Property _____

Thank you for your interest in our property. Following you will find the Rental Application, Tenant Disclosure Form and Application Payment Authorization form. Certified funds or money orders made payable to C & R Innovations, Inc.

Please complete all forms in their entirety and include a copy of the following items:

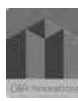
- Drivers license or government issued identification card
- Social security card
- Two most recent months paycheck stubs
- Two most recent months bank statement
- Four most recent months rental receipts from current address

You will receive a response regarding the status of your application within 5 business days of receipt of application and application fee. **Each adult (18 or older)** living in the home must complete a full rental application and submit rental application fee.

Once your application is approved, we will work with you to set up the terms of the lease agreement.

If your application is denied, you will receive a denial letter in the mail stating why and how you can receive a copy of your report from the consumer reporting agency used to make this determination.

Certified funds or money orders made payable to C & R Innovations, Inc.



RENTAL APPLICATION

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

Anticipated move date of _____

Application Fee: \$40 per adult (18 or older)

PLEASE TELL ME ABOUT YOURSELF

Applicant's full name _____

Phone # _____ Alternative phone # _____ E-mail _____

Date of Birth _____ Social Security # _____

Drivers License _____ State _____ Exp. _____

Names & dates of birth of dependants _____

Number and type of Pets _____

PLEASE GIVE RESIDENTIAL HISTROY (LAST 3 YEARS)

Current
Address _____ City _____ State _____ Zip _____

Current Landlords Name _____

Landlords Phone _____

Dates living at this address _____

Reason for leaving _____

(1) Previous Address _____ City _____ State _____ Zip _____

Landlords Name _____

Landlords Phone _____

Dates living at this address _____

Reason for leaving _____

(2) Previous Address _____ City _____ State _____ Zip _____

Landlords Name _____

Landlords Phone _____

Dates living at this address _____

Reason for leaving _____



PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your status: Full-time _____ Part-time _____ Student _____ Unemployed _____

Present Employer _____ Position _____

Employers
Address _____ City _____ State _____

Supervisor Name _____ Phone # _____

Dates employed _____

Salary \$ _____ per _____ (If employed by above less than 12 months, please give name and number of previous employer or school _____)

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.

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 LIST YOUR REFERENCES

Name of bank _____ Last 4 digits Account # _____ Type of Account _____

Name of bank _____ Last 4 digits Account # _____ Type of Account _____

Personal Reference & Emergency Contact

Name of personal reference _____ Yrs. Known _____

Relationship _____ Phone # _____

Names & # of emergency contacts (atleast 2) _____

Relationship to each party? _____

Additional Comments: _____



I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____

TENANT DISCLOSURE FORM

Applicants Name _____

Address _____

City/State/Zip _____

Social Security Number _____

Date of Birth _____ Drivers License #/State _____

I authorize an investigation of my consumer credit report, public records and any personal information on me necessary to arrive at an applicant decision to the owner of the property listed above.

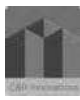
Signature _____ Date ____ / ____ / ____

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Application processing fee of \$ _____ Received by _____

Date _____

OFFICE NOTES:



~~Debit Card Authorization for Application Fee~~

~~Debit card type: Visa _____ MasterCard _____~~

~~Debit card number: _____~~

~~Card Verification (CVV) Code: _____~~

~~Expiration Date: _____~~

~~Amount authorizing for charges: \$ _____~~

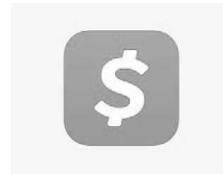
~~Signature: _____~~

~~Debit Card Billing Address: _____ ****Debit cards must be from a Georgia billing address****~~

ELECTRONIC PAYMENT OPTIONS TO PAY THE APPLICATION FEE



cripropertymgmt



\$CandRPropertyMgmt



cripropertymanagement@gmail.com



@cri-propertymanagement



EMPLOYMENT VERIFICATION FORM

EMPLOYER INFORMATION:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Human Resource Contact: _____ Ph: (_____) _____ Ext: _____

Fax: (_____) _____ Email: _____

I, _____ authorize C & R Innovations, Inc Property Management Team and/or the Owners to obtain information on my rental, credit, criminal, employment, source of income, and/or rental history by contacting any references necessary to evaluate my renting risks. I hereby authorize my references to give C & R Innovations, Inc Property Management Team all information requested within this form.

(Applicant Printed Name) (Applicant Signature) (Date)

RENTAL PROPERTY ADDRESS APPLICANT HAS APPLIED FOR:

Property Address: _____, _____, GA _____

TO BE COMPLETED BY EMPLOYER

Attention Human Resources:

Please complete the following information below and return within 48 hours of receipt of this document to 678-710-9971

1. How long has the above named individual been employed by your company? _____ Yrs. Mo.
2. What is their Gross monthly income? \$ _____/mo.
3. Is overtime offered to the above named individual? Yes No
4. Does the above stated figure include overtime? Yes No
5. What are their chances of continued Employment? _____
6. Are seasonal layoffs expected? Yes No
7. Is this employee currently on any type of leave of absence? Yes No
8. If so, Is this leave of absence paid or unpaid? Paid Unpaid
9. If employee is currently on leave of absence, What is expected date of return? ____/____/____

ADDITIONAL COMMENTS:

(Employer Printed Name) (Employer Signature) (Title) (Date)



Verification of Rental History

Tenants, please complete all the fields above the tenant's signature line and sign the form before you deliver it to your current landlord or property management company. Please have your landlord fax it to the number on the bottom of the form, once they have completed the form.

To:

Regarding your tenant(s):

Whom resided at:

Tenant's Signature

Date

Tenant's Signature

Date

The above identified person has applied for tenancy with a property being marketed by C&R Innovations, Inc. and has indicated to us that you are currently or have in the past rented to them.

As indicated by this persons signatures noticed above or attached, the tenant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below.

THANK YOU!

Move in date: _____

Move out Date: _____

Monthly Rental Amount:: _____

Lease Completed: _____

Lease Expires On: _____

Was proper notice given? _____

Any NSF Checks? _____

Deposit Returned? _____

of late payments: _____

Is any money currently owed? _____

If so how much? _____

Was eviction filing required? _____

Date: _____

Condition of unit upon move-out: _____

Other lease violations: _____

Additional Comments: _____

Your Name/Title _____ **Signature:** _____

Phone Number: _____ **Date:** _____

LANDLORDS - PLEASE FAX THE COMPLETED FORM TO 678.710.9971 Attn: Tenant Rental Verification