

Garrett's Run Condominium/ Renter Profile

Note: Board Approval is Required Prior to Occupancy

Bldg/Unit No. _____ - _____ Requested Move-in Date _____

Interview Date/Time: _____
Owner Name: _____ Phone # _____
Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION: Email: _____ @ _____

Tenant Name: _____ Phone # C: _____
Employer Name: _____ Phone # _____
Occupation: _____ How Long _____
Driver's License () _____ (Color Copy Attached)

Tenant Name: _____ Phone # C: _____
Employer Name: _____ Phone # _____
Occupation: _____ How Long _____
Driver's License () _____ (Color Copy Attached)

Number of children in residence _____ Names/Ages _____
Names/Ages _____ Names/Ages _____

Lease Term: from _____ to _____

In case of an emergency, contact _____

| Vehicle(s): | (Name) | (Relationship) | (Phone Number) |
|--|--------|----------------|----------------|
| Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____ | | | |
| Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____ | | | |

Pet: Cat _____ Dog _____ Weight: _____ (30 lb. limit) Other: _____

Description/Name of Pet: _____

REFERENCES: (We may contact these, please make sure they have valid phone numbers)

Previous Landlord: _____ Phone # _____

Previous Address _____ How Long _____

Business/Personal Name: _____ Phone # _____

Copy of Signed Tenant Lease Must Accompany This Application

TENANT/OWNER ACKNOWLEDGEMENT:

I understand that this complex is governed by rules and regulation that are a part of my lease and I have read and understand these rules and regulations. Garrett's Run Condominium Assn. is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY. Tenant signature of receipt of Rules and Regulations.

Signed: _____ Signed: _____
Owner/Agent Tenant

Date: _____ Signed: _____
Date: _____ Tenant



RESIDENTIAL SCREENING AUTHORIZATION FORM

Each applicant MUST fill out a separate release

PROPERTY NAME: Garrett's Run Condo Assoc

(Please Print)

FULL Name: _____ Sex: _____

Address: _____

City, State,
Zip: _____

Social Security Number: _____ Date of Birth: ___/___/___

Driver's License # _____ State Issued: _____

(Must Include a Colored Copy)

Phone # _____ Cell or Home (circle one)

Lease Term: Number of Months: _____ Move-in Date: _____

Move-out Date: _____ (If leasing, must include a copy of the Signed Lease)

Employer Company: _____ Phone: _____ Years with Company: _____

Job Title: _____ Supervisor Name: _____

Have you ever been evicted? YES _____ NO _____

Have you ever been in litigation with a landlord? YES _____ NO _____

Have you ever had adjudication withheld or been convicted of a crime? YES _____ NO _____

Unit Owner Name: _____ Unit # _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's
Signature _____ Date _____

AccuData Screening Requested:

Package: 1 (2) 3 4 (please circle one)

Phone: (954) 755-8379 Fax: (800) 521-1905 E Mail: AccuDataInc@Bellsouth.net