

## GRACE WOODLANDS RENTAL APPLICATION

- Each adult applicant (18 years of age or older) must complete an application.
- Incomplete applications will not be considered.
- Your application will be denied if you misrepresent any information in this application.
- Please print legibly.
- Proof of identification is required.
- Proof of income is required (W-2 or recent pay stub).
- Documents can be emailed to [apts@graceluthfound.com](mailto:apts@graceluthfound.com) or via paper copy to Housing Administrator.

Current Date: \_\_\_\_\_ Date of Anticipated Move in: \_\_\_\_\_

Type of Unit Requested (1 bedroom/2 bedroom): \_\_\_\_\_

### PERSONAL INFORMATION

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST      MIDDLE INITIAL      LAST

List any prior names that you have used: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY      STATE      ZIP

D.L No: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

OTHER OCCUPANTS <i>(include full names)</i>	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.
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### RENTAL HISTORY

Current Address: \_\_\_\_\_  
CITY      STATE      ZIP

Current Landlord: \_\_\_\_\_ From Date: \_\_\_\_\_

Phone: \_\_\_\_\_ To Date: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Moving? \_\_\_\_\_ Current Rent Amount: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
CITY      STATE      ZIP

Previous Landlord: \_\_\_\_\_ From Date: \_\_\_\_\_

Phone: \_\_\_\_\_ To Date: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Moving? \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If yes, please provide circumstances: \_\_\_\_\_



**EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Job Title: \_\_\_\_\_ Gross Monthly Income (before deductions): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Job Title: \_\_\_\_\_ Gross Monthly Income (before deductions): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER SOURCES OF INCOME**

List any additional income to be considered – verification is required: \_\_\_\_\_  
\_\_\_\_\_

**CREDIT & FINANCIAL INFORMATION**

Bank: \_\_\_\_\_ Account No: \_\_\_\_\_ Account Type: \_\_\_\_\_

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**Credit References (auto loans, personal loans, credit cards)**

Type: \_\_\_\_\_ Name of Creditor: \_\_\_\_\_ Account No: \_\_\_\_\_

Total Amount Owed: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

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Total Amount Owed: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

***Automobiles and Other Vehicles***

Make and Type: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. No: \_\_\_\_\_

Make and Type: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. No: \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If yes, what type and how many? \_\_\_\_\_

Do you own furniture? \_\_\_\_\_ Do you smoke or vape? \_\_\_\_\_

***Personal References***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Email: \_\_\_\_\_

***Emergency Contact***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY STATE ZIP

Email: \_\_\_\_\_



The rental of this property is limited to the use and occupancy by the individuals listed above without any right to sublet any or all of the property.

I enclose the sum of \$\_\_\_\_\_ for the purpose of purchasing my consumer credit report.

I understand that if I have misrepresented any information on this application, my application will be denied.

I authorize Landlord to do the following:

- (1) Contact any individuals and/or businesses listed above and verify all of the information provided in this application before, during, and/or after my tenancy, and
- (2) Obtain a copy of my consumer credit report.

I certify that all of the information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

**NOTE:** A security deposit is required from every tenant against damage or loss to the premises and the security deposit CANNOT be used for the last month's rent.

*Landlord is using public records provided by a third-party service to determine your eligibility to rent. Neither Landlord, nor the third-party service, can vouch for the accuracy of the records as they have no control over such records. It is the responsibility of the applicant to check the accuracy of their own public records.*

**UNIT INFORMATION (To be Completed by Landlord)**

Date Application Received: \_\_\_\_\_

Utilities Included: Garbage and Water \_\_\_\_\_

Address: \_\_\_\_\_

Unit No: \_\_\_\_\_

Monthly Rental Amount: \_\_\_\_\_ Security Deposit Amount: \_\_\_\_\_

Type of Tenancy (i.e. 12 month lease, month to month, etc.): \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GUARANTEE OF LEASE AGREEMENT

Name of person responsible for: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY
STATE
ZIP

**GUARANTOR INFORMATION**

Name of Guarantor: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY
STATE
ZIP

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employed by: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY
STATE
ZIP

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Income per month: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Alternate Income Source: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY
STATE
ZIP

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Income per month: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Landlord or Mortgage Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
CITY
STATE
ZIP

**GUARANTOR INFORMATION**

This Guarantee of Lease Agreement is authorization for the investigation of the references listed hereon. This document is a permanent Addendum to the Lease and subsequent renewals, complete with a Credit Report.

Guarantee: In consideration of the Landlord's Agreement of the Lease, the undersigned guarantees the payments of all amounts due under the lease and the performance of the covenants by the tenant.

\_\_\_\_\_  
Signature of Guarantor \_\_\_\_\_  
Date

**NOTARY SEAL**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Signature of Notary Public

Note: This document must be notarized.