

Carriage House Apartments

Application (25 dollar fee)

125-Tibet Ave, Suite 201-B
Savannah, GA 31406

Phone: 912-925-9727
Fax: 912-925-7381

Please make checks payable to CARRIAGE HOUSE APARTMENTS

Apartment needed: One Bedroom / Two Bedroom / Two Bedroom Townhouse / Three Bedroom

How many people will be living in the apartment? _____

APPLICANT INFORMATION

Name: _____ Are you... Married _____ Single _____

Drivers License #: _____ SS# _____

Vehicle Make: _____ Model: _____ Tag#: _____ Year: _____

Phone: _____ Email: _____

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

Cell Phone: _____ Work Phone: _____ Other: _____

EMPLOYMENT INFORMATION

Employer: _____ Phone: _____

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

Length of employment: _____ Position: _____ Monthly income: \$ _____

Other sources of income: _____ Monthly income: \$ _____

What is the best way to reach you regarding your application? _____

.....

PLEASE ANSWER YES OR NO AND EXPLAIN IF NECCESARY

Have you ever been evicted? _____

Do you have visual proof of a driver's license or state i.d.? _____ (We will need copies)

Are you relocating to Savannah because of a job? _____

If you currently live in Savannah, what is your reason for moving? _____

.....

SPOUSE (OR ROOMMATE) INFORMATION

Name: _____ Are you... Married _____ Single _____

Drivers License #: _____ SS# _____

Vehicle Make: _____ Model: _____ Tag#: _____ Year: _____

Phone: _____ Email: _____

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

Cell Phone: _____ Work Phone: _____ Other: _____

SPOUSE (OR ROOMMATE) EMPLOYMENT INFORMATION

Employer: _____ Phone: _____

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

Length of employment: _____ Position: _____ Monthly income: \$ _____

Other sources of income: _____ Monthly income: \$ _____

What is the best way to reach you regarding your application? _____

.....

ADDITIONAL OCCUPANT INFORMATION (Children, Roommates etc.)

1. Name: _____ Age: _____ Relationship: _____

2. Name: _____ Age: _____ Relationship: _____

3. Name: _____ Age: _____ Relationship: _____

4. Name: _____ Age: _____ Relationship: _____

.....

REFERENCES

Previous Landlord: _____ Phone: _____

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

Length of residence: _____ Rent Amount: \$ _____ 30 day notice given? _____

May we contact them as a reference? _____ What was your old address? _____

.....

PLEASE ANSWER YES OR NO AND EXPLAIN IF NECCESARY

Have you or your spouse/ roommate ever been evicted? _____

Do you have visual proof of a driver's license or state i.d.? _____(We will need copies)

Are you relocating to Savannah because of a job? _____

If you currently live in Savannah, what is your reason for moving? _____

.....

SIGNATURES

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Roommate's Signature: _____ Date: _____

In signing this application I certify that the above information is correct and complete and I authorize CARRIAGE HOUSE APARTMENTS, Inc. to make the inquiries necessary to process my application. If any information supplied on this application is later found to be false, this is ground for termination on tenancy. If this application is approved, applicants will have 24 hours from the time of notification to return to execute a Rental Agreement and make any deposits required by owner/agent. If applicants fail to execute a Rental Agreement and make the deposits within that time, they will be deemed to have refused the unit and the next application for the unit will be processed.

ANY APPLICATION THAT IS NOT COMPLETE CANNOT BE APPROVED



CARRIAGE HOUSE APARTMENTS

EMERGENCY CONTACTS

In case of emergency, notify the name(s) listed below, whom are authorized to take possession of my personal property.

Applicant #1

Applicant #2

Name: _____

Name: _____

Address: _____

Address: _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Home# _____ Work# _____

Home# _____ Work# _____

PLEASE CHECK YES OR NO

Have you, or ANYONE (regardless of age) who will be residing with you:

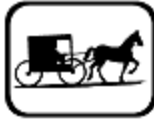
- 1) **Ever** been arrested, cited, prosecuted, plead guilty to, or have been convicted of a crime? Yes No
- 2) **Ever** been placed on probation, parole, or effected by Megan Laws? Yes No
- 3) **Ever** been or currently are a member of a gang? Yes No
- 4) **Ever** had or currently have a warrant for your / their arrest? Yes No
- 5) **Ever** been or currently are involved in ANY criminal activity? Yes No
- 6) **Ever** been evicted or had a forcible detainer filed against you? Yes No
- 7) **Ever** moved to avoid eviction or because of problems with other tenants or a landlord? Yes No

Please explain ALL "Yes" answers IN DETAIL _____

All information furnished on this application is to the best of my knowledge, complete and accurate. Discovery of false or omitted information constitutes grounds of rejection.

Applicant #1
(Signature) _____ Date: _____

Applicatn #2
(Signature) _____ Date: _____



CRIMINAL HISTORY CONSENT FORM

EACH PROSPECTIVE TENANT OVER 18 MUST FILL THIS OUT

“I hereby authorize Carriage House Apartments of Savannah, GA to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.”

Prospective Tenant #1

SEX: _____ **RACE:** _____

Full Name Printed	
Address	
Date of Birth	
Social Security Number	
Signature	
Date	

Prospective Tenant #2

SEX: _____ **RACE:** _____

Full Name Printed	
Address	
Date of Birth	
Social Security Number	
Signature	
Date	



CARRIAGE HOUSE APARTMENTS



PET POLICY

Carriage House Apartments allows **ONE pet per apartment** as long as they are 50 pounds or under and the following conditions are met:

Please check Yes or No

- | | | |
|---|-----|----|
| 1) Is your pet under 50 pounds? | Yes | No |
| 2) Is your pet Up-to-date on Vaccinations? (We need copies of shot records) | Yes | No |
| 3) Have you ever been convicted of animal abuse or neglect? | Yes | No |

Pet Owners are expected to abide by the following rules:

- ONE PET PER APARTMENT (50 pounds or under)
- USE A POOPER SCOOPER.. (Fines start at \$50.00)
- PETS MUST BE CLOSELY ACCOMPANIED WHEN OUTDOORS
- PETS MUST HAVE A COLLAR WITH VISIBLE I.D.
- PETS MUST HAVE GOOD HYGENE AND REGULAR FLEA TREATMENTS
- CARRIAGE HOUSE APTS MUST HAVE COPIES OF CURRENT PET TAGS
- ANIMAL ABUSE OR NEGLECT WILL NOT BE TOLERATED

Information about your pet:

Type of Pet: _____ Breed: _____ Color: _____ Age: _____

Pet's Name: _____ Pet's weight: _____ Pet's tag #: _____

Name of Vet Clinic: _____ Vet's Phone: _____

**THERE IS A \$300.00 (NON REFUNDABLE) PET DEPOSIT.
(PLEASE ATTACH COPIES OF CURRENT PET TAGS OR PAPERWORK)**

I agree to the above conditions concerning my pet and certify that the above information is correct. I agree to pay the \$300.00 pet fee and I understand that if I fail to abide by the following rules, Carriage House Apartments has the right to terminate my lease agreement.

Applicant
(Signature) _____ Date: _____