



St. Paul Christian Methodist Episcopal Church

Rental Application

Please return application to:

St. Paul CME Church
1601 Barnard Street
Savannah, GA 31401

912 233 2849 Phone

912 233 2246 Fax

stpaulcmesavannah@gmail.com

Applicant Info

First Name: _____ Last Name: _____
SSN: _____ Birth Date: _____
Phone # (_____) _____ Mobile #: _____
License # _____ Smoke?: Yes _____ No _____

Co- Applicant Info

First Name: _____ Last Name: _____
SSN: _____ Birth Date: _____
Phone # (_____) _____ Mobile #: _____
License # _____ Smoke?: Yes _____ No _____

Others who will be living in this property

Name: _____ Relationship _____ Age: _____
Name: _____ Relationship _____ Age: _____
Name: _____ Relationship _____ Age: _____
Name: _____ Relationship _____ Age: _____
Name: _____ Relationship _____ Age: _____
Name: _____ Relationship _____ Age: _____

Current Address

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

Past Rental History

Address: _____
City: _____ State: _____ Zip: _____
Manager _____ Phone: (_____) _____
Start Date: _____ End Date _____
Reason for leaving _____

Employment History

Company: _____
Supervisor: _____ Phone: (_____) _____
Address: _____
City: _____ State: _____ Zip: _____
Length of Employment _____ Monthly Pay: _____

Co-Applicant Employment History

Company: _____
Supervisor: _____ Phone: (_____) _____
Address: _____
City: _____ State: _____ Zip: _____
Length of Employment _____ Monthly Pay: _____

Additional Income

Income Source: _____ Amount: _____
Verify with: _____ Phone: (_____) _____

Banking Information

Bank: _____	Acct #: _____	Balance: _____
Bank: _____	Acct #: _____	Balance: _____
Bank: _____	Acct #: _____	Balance: _____

Personal References

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Automobile Information

Make: _____ Model: _____ Plate# _____

Make: _____ Model: _____ Plate# _____

Make: _____ Model: _____ Plate# _____

Additional Information

Have you ever been convicted of a crime? _____

Describe and date each conviction: _____

Have you ever been evicted, declared _____

bankruptcy or had a judgement? Describe _____

and date each one: _____

Emergency Contact Info

Name: _____

Address: _____

City/State/Zip: _____ Phone: (____) _____

Name: _____

Address: _____

City/State/Zip: _____ Phone: (____) _____

_____ I agree to the following statement	I represent that the information provided in this application is true, complete and accurate to the best my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.
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_____ I agree to the following statement	I understand that the information provided might be used by St. Paul CME Church to determine whether to accept this application. I authorize St. Paul to verify all the information given in this application, including past rental information, personal references and employment information provided. I authorize St. Paul to obtain a credit report and criminal background check.
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_____ I agree to the following statement	I understand that this application is not a rental agreement and that this application does not create any obligation to St. Paul CME Church.
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The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.

Print Applicant Name: _____

Signature: _____ Date: _____

Print Co-Applicant Name: _____

Signature: _____ Date: _____

For Office Use Only

Property: _____

Deposit: _____ Rent: _____

Lease Signed _____ Move In Date: _____

Signature: _____