

Welcome to Brookhaven!

Thank you for your interest in applying to Brookhaven Townhomes. Here is a short list of things to remember during the application process.

In order to apply, you will need the following:

- ❖ Photo ID
- ❖ Social Security Card
- ❖ Proof of income (1 month's pay)
- ❖ \$35 money order for the application fee, per applicant applying that is over the age of 18 even if they are not a leaseholder.

Please allow 24-72 business hours to process your application.

Your credit, criminal background, previous rental history and employment history will be checked. (No felonies, Bankruptcy within 2 years or evictions will be excused)

\$100 Administrative fee is to process your lease upon approval.

Refundable Security Deposit is based off of credit (\$150 to \$350).

Proof of Georgia Power service with account number is required upon move-in.

Proof of renter's insurance is required, regardless of which provider you choose.

Please give us a call at 478-474-5311 if you have any questions or concerns.



FORM VALID FOR GEORGIA APARTMENT ASSOCIATION MEMBERS ONLY

APPLICATION FOR OCCUPANCY

Property Fax #: (478) 474-9210

Property Phone #: (478) 474-5311

FOR MANAGEMENT USE ONLY:

DATE FORM PRINTED
APARTMENT NO.
APPLICANT:
MOVE-IN DATE REQUESTED:
APPLICATION SUBMITTED ON:

LEASING INFORMATION (TO BE COMPLETED BY MANAGEMENT)

NAME OF APT. COMMUNITY Brookhaven Townhomes
COMMUNITY ADDRESS 4860 Brookhaven Rd., Macon, GA 31206
LEASE TERM DESIRED: FROM TO DATE OF VISIT TO APTS. MOVE-IN DATE REQUESTED
APT. TYPE DESIRED BDRMS. BATHS FLOOR PLAN RENTAL RATE \$ /MO. CONSULTANT
HOW DID APPLICANT LEARN ABOUT US? WHICH APT(S). DID APPLICANT VISIT?
\$ APPLICATION FEE (for Credit Check) \$ NON-REFUNDABLE FEE (Describe)
\$ GOOD FAITH DEPOSIT(Applied to Security Deposit) \$ OTHER SECURITY DEPOSIT (Describe)
\$ PET SECURITY DEPOSIT \$ OTHER NON-REFUNDABLE FEE (Describe)

Note: Each Person Who Is An Applicant, Guarantor or Co-Signor Must Fully Complete a SEPARATE Application and Meet ALL Rental Qualification Requirements for Employment (Or Source of Income for Paying Rent), Rental History, Credit, and Criminal Background. A Valid Government Issued Photo ID is Required with this Application and at the Time of Move-In.

IN ORDER TO BE APPROVED FOR OCCUPANCY, ALL QUESTIONS MUST BE FULLY AND COMPLETELY ANSWERED.

1. PERSONAL INFORMATION

Applicant's Name
Social Security OR Individual Tax ID No.
Telephone #: Cell Phone #:
Email:
Name of Any Co-Applicant, Co-Signor, or Guarantor
Guarantor to Applicant?
Are You Currently in the U.S. Armed Forces or Reserves?
Have You Ever Gone By Any Other Name?
City/State/Country in Which You Were Born
Father's Name/DOB: Mother's Maiden Name/DOB:
What is the Reason for Moving from your current residence?
I learned of this community from

2. OTHER OCCUPANTS AND PETS OR SERVICE ANIMALS IN HOUSEHOLD

Persons and Pets who are not listed below are NOT authorized to live in the apartment. Unauthorized occupants and pets will be a lease violation.
State All Other Occupants' Names Ages Relationship Social Security or Individual Tax ID No.
Do you have pets or service animals?
Weight Of Pet (Approx.) Describe Breed, Age, Type & Size of All Pets or Service Animals

3. RENTAL HISTORY

1. APPLICANT'S CURRENT RESIDENCE: Name of Owner and/or Apartment Community:
Current Address City State Zip
Monthly Rent Pmt. \$ From: To: Phone No.
2. APPLICANT'S PREVIOUS RESIDENCE: Name of Owner and/or Apartment Community:
Previous Address City State Zip
Monthly Rent Pmt. \$ From: To: Phone No.
Reason for Leaving:

4. EMPLOYMENT HISTORY

1. APPLICANT'S CURRENT EMPLOYER: Company Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone No. _____ Supervisor's Name _____ Monthly Income (Gross) \$ _____
 Job Description _____ Employment Dates: From: _____ To: _____
 *PROVIDE SOURCE OF INCOME TO PAY RENT IF YOU ARE NOT CURRENTLY EMPLOYED (SEE SECTION 9): _____

2. APPLICANT'S PREVIOUS EMPLOYER: Company Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone No. _____ Supervisor's Name _____ Monthly Income (Gross) \$ _____
 Job Description _____ Employment Dates: From: _____ To: _____

5. AUTOMOBILE

Year	Make (Ford, etc.)	Model (Taurus, etc.)	Color	License Tag No.	State	County
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Describe Any Other Vehicle, Boat, or Trailer You Are Requesting to Use or Store at the Apartment Community: _____

6. CONTACT PERSONS

1. Name of Family Member, Other Than Spouse _____ Phone _____ Relationship _____
 Address _____ City _____ State _____ Zip _____

2. Name of Person Other Than Family Member _____ Phone _____ Relationship _____
 Address _____ City _____ State _____ Zip _____

7. BANKING REFERENCE

Checking Acct. (Bank Name) _____ Acct. No. _____
 Savings Acct. (Bank Name) _____ Acct. No. _____
 Address of Branch _____ Phone _____
 Bank Loan _____ Monthly Payment \$ _____ Loan No. _____

8. CREDIT INFORMATION

Credit Card Acct. No. _____ Balance \$ _____ Credit Card Acct. No. _____ Balance \$ _____
 Other Monthly Debt _____ Balance \$ _____ Car Loan With _____ Balance \$ _____

9. OTHER INCOME OR SOURCE OF SUPPORT

Alimony/Child Support \$ _____	Name and Address of Payor _____
Public Assistance \$ _____	Name of Assistance Program _____
Social Security \$ _____	Description of Benefits _____
Retirement \$ _____	Name or Source of Payment _____
Other \$ _____	Describe Other Sources _____

10. MANDATORY SCREENING QUESTIONS

YOU MUST ANSWER EACH OF THESE QUESTIONS. IF YOU ANSWER "YES" TO QUESTIONS 1-7, YOU MUST PROVIDE ADDITIONAL DETAILS.

1. Have You or Any Person Who Will Be Occupying the Apt. Ever Been Evicted or a Defendant in an Eviction Action? Yes No

2. Is Any Apt. Community or Previous Landlord Trying to Collect Money from You or Any Person Who Will Be Occupying the Apt.? Yes No

3. Have You or Any Person Who Will Be Occupying the Apt. Ever Filed, Been Discharged From, or Currently Under a Bankruptcy? Yes No

4. Have You or Any Person Who Will Be Occupying the Apt. Ever Been Convicted, Charged, Arrested, Indicted, Plead Guilty or No Contest, or Received Deferred Adjudication or Probation to (A) Any Felony? Or (B) Any Misdemeanor Involving a Sexual Offense, Stalking, Illegal Use or Possession of Weapons, Assault, Battery, Theft, Fraud, Bad Checks, Criminal Damage to Property, Trespass, Vandalism, Illegal Possession or Sale of Drugs? Yes No

5. Have You or Any Person Who Will Be Occupying the Apt. Ever Been Asked to Move Because of an alleged lease violation of any kind? Yes No

6. Have You Ever Lived in This Apartment Community Before? Yes No

7. Are You Unemployed? Yes No

8. Do you have a legal right to be in the United States? Yes because I am a U.S. citizen Yes because I have valid documentation from the U.S. Dept. of Citizenship and Immigration Services (USCIS); or No. If you answered "Yes" because you are a non-U.S. citizen with proper visa documentation, please provide:
 Reason you are in the U.S. _____ Visa Type: _____ Visa Expiration Date _____

I have fully and truthfully answered Questions 1-8 above. Applicant's Initials: _____

Provide Additional Information Here to Explain the Answers to Questions 1-8 above: _____



220 Gerry Drive
Wood Dale, IL 60191

Tel: 866.389.4042

Fax: 866.389.4043

www.screeningreports.com

RELEASE OF INFORMATION

COMMUNITY YOU ARE APPLYING FOR: _____

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed all information listed on my application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

ARBITRATION AGREEMENT("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at www.adr.org or by writing to the Notice Address.

Applicant Name

XXX - XX -
Social Security #

Date of Birth

Applicant Signature

Today's Date

Federal Law requires the Requesting Party and **Strategic Management Partners**. to verify certain information about all members of households living or applying for admission to **Strategic Management Partners**, Federal law also requires your cooperation in supplying information on criminal activity (if any) of any person listed below

Using the numbers below, please indicate whether you or any household member has been involved in, arrested for, charged with or convicted of any crimes, including, but not limited to, any of the following:

- | | |
|--|--|
| 1. Homicide, Murder, Voluntary Manslaughter | 12. Hate Crime, Terrorism |
| 2. Sex-related crimes (including Rape, Sexual Battery) | 13. Moto Vehicle Theft |
| 3. Child Molestation, Child Sexual Exploitation | 14. "Carjacking" |
| 4. Assault, Battery | 15. Larceny |
| 5. Robbery | 16. Child Neglect |
| 6. Drug-related crime (including Trafficking, Distribution, Manufacture, Sale, Use Possession) | 17. Child Abuse |
| 7. Arson | 18. Disorderly Conduct |
| 8. Burglary | 19. Prostitution, Solicitation of Prostitution |
| 9. Illegal Firearms | 20. Vandalism, Destruction of Property |
| 10. Kidnapping, False Imprisonment | 21. Receiving Stolen Goods |
| 11. Harassment, Stalking | 22. Other crimes
(Specify: _____) |

Household Member's Full Name	Social Security Number	DOB: MM/DD/YY	Race	Sex	Crime No. (see above)	Other States Lived in

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

I hereby voluntarily authorize any law enforcement agency and/or any other authorized entity to release to the Requesting Party and **Strategic Management Partners** information, including a copy of any records regarding any criminal activity which I have been involved in, arrested for, charged with or convicted of. I authorize the Requesting Party and **Strategic Management Partners** to share this information and any other information that they may have regarding any criminal activity in which I have been involved in, arrested for, charged with or convicted of with Requesting Party and **Strategic Management Partners** agents/representatives. The Requesting Party and **Strategic Management Partners** may periodically perform or engage any law enforcement agency and/or authorized entity to perform a criminal background check at any point from the date of my signature. A copy of this Authorization shall be as effective as the original and shall be valid until revoked by me in writing. I recognize that if I have any outstanding warrant(s), I may be arrested by the local Sheriff's Department or other law enforcement agencies.

Applicant Signature: _____ Date: _____

Copy of Driver's License or Picture Identification Card of each person listed above Attached Yes No

Signature _____
(Requesting Party – Property Management).

(Date)

If you required special assistance to complete this form due to a disability, please contact the Property Manager.