



THE SHOREHAM APARTMENTS

2001 1/2 Dawson Road
Albany, Georgia 31707
Office 435-6611 Fax 435-6612
www.albanyshoreham.com

Qualification Procedures

Shoreham Apartments is an equal opportunity provider. This property does not discriminate on the basis of race, color, religion, sex, disability, family status or national origin.

We will require:

- 1.) Good verifiable rental history
- 2.) No history of noise complaints or other non-compliance notices
- 3.) Never been evicted or owe another renter money (This is an automatic rejection)
- 4.) Must have given proper notice to current Leaser
- 5.) Must have verifiable employment (check stubs, tax forms, etc)
- 6.) Valid Driver's License and Social Security Card.
- 7.) Credit check must have no unpaid collections, no unpaid judgments, or liens against you, no bankruptcies less than 5 years old of the date you are applying, no outstanding debts (slow payment history, bad credit or unpaid bills)

MISCELLANEOUS:

How many persons allowed in each style apartment & how much income required:

1 BDRM:	2 Persons	<i>INCOME REQUIRED MUST BE AT LEAST</i>
2 BDRM:	4 Persons	<i>3 TIMES THE AMOUNT OF THE RENT</i>
3 BDRM:	6 Persons	<i>PER MONTH</i>

When a deposit is paid to hold an apartment, it is in good faith for up to 48 hours after the deposit has been paid. After 48 hours, the deposit will be retained and the applicant will not receive the deposit back.

All applicants must be 21 years or older, co signers must be a parent and MUST live in Albany, Georgia.

Application fees are NOT REFUNDABLE.

ANYONE WHO WILLFULLY PROVIDES FALSE INFORMATION ON THE RENTAL APPLICATION WILL BE AUTOMATICALLY REJECTED.

I have read the above information and understand the requirements that must be met in order to qualify for an apartment with Shoreham Apartments.

Applications Signature

Date

Co-Application Signature

Date

RENTAL APPLICATION

PERSONAL	Applicant's Name (Last, First)		Social Security Number				Date of Birth		Driver's License # & State	
	Spouse's full name									
	Additional Occupants:		1		3		2		4	

RESIDENCE HISTORY	Current address (check one) : <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:						
	Address		City	State	Zip code	Move in date	Home Phone
	Landlord/Community		Monthly Payment		Apt #	Move out date	Landlord Phone
	Previous address (check one) : <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:						
	Address		City	State	Zip code	Move in date	Home Phone
	Landlord/Community		Monthly Payment		Apt #	Move out date	Landlord Phone

EMPLOYMENT HISTORY	Current Employer		Address		City	State	Phone #	
	Supervisor's name		Supervisor's Phone #		Employment dates Start: End:		Monthly income \$	
	Previous Employer		Address		City	State	Phone #	
	Supervisor's name		Supervisor's Phone #		Employment dates Start: End:		Monthly income \$	
	Co-Applicant	Employer		Address		City	State	Phone #
		Supervisor's name		Supervisor's Phone #		Employment dates Start: End:		Monthly income \$

Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be induced for qualification.
 Additional Income; Source: _____ Amount: _____ Per: _____

AUTO	Year, Make, Model		Color	License plate number	State
	Year, Make, Model		Color	License plate number	State

CONTACT	In case of emergency, please provide us with the following information:				
	Nearest relative		Address	Phone	Relationship
	Emergency Contact		Address	Phone	Relationship

Miscellaneous:

For Office Use Only:

Have you ever been EVICTED from any residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a FELONY offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant or any occupant listed above have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit # _____ Term Of Lease _____ Rent \$ _____ Move In Date _____ Security Deposit \$ _____ Application Fee \$ _____
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Upon signing, the applicant(s) recognize that an investigative report may be prepared whereby information is obtained through interview, credit report, and criminal check. This includes information as to your character, general reputation, credit, and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application. The applicant(s) appearing below hereby authorize the holder of the application to investigate the above mentioned, and authorizes the release of any and all requested information that the owner or agents deem necessary in determining the status of this application.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____ Leasing Agent _____ Date _____



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229-435-6611

Apartment Rental Verification Request

To: _____

Fax: _____

Tenant Name: _____

Address: _____

Move in date: _____ Move out date: _____

Lease expiration date: _____

Was Proper Notice Give? Yes () No ()

Rental Amount: \$_____

Number of lates:_____ Number of NSF's _____

Complaints: _____ What type: _____

Damage to unit: _____

Would you re-rent? Yes () No ()

Verified by: _____ Position: _____

Date: _____

Please release my information for Residency

Applicant Signature:_____ Date:_____

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Criminal History Records Consent Form

The undersigned individual hereby authorizes Shoreham Apartments to receive any criminal history record information pertaining to me, which may be in files of any state and/or local file. The applicant will be required to pay an additional charge of \$40.00 per state to obtain out of state records and avoid application rejection. The applicant understands the out of state records can take up to 7 days from the date of request. Receipt of the out of state records is required as part of the application process, with out this the application approval will not be granted.

THE INFORMATION BELOW MUST BE COMPLETED BY ALL APPLICANTS 18 YEARS OF AGE AND OLDER.

Please print clearly

Full Legal Name: _____

Full Address: _____

Apt#: _____

City/State: _____

Sex: _____ Race: _____

D.O.B.: _____

SSN: _____

Applicants Signature: _____

Date: _____