

GUEST CARD

Location: Lafayette Square Apartments

Property Consultant:

FUTURE RESIDENT INFORMATION			
Name:		Date:	Time:
Current Address:		City:	State: Zip:
Employer:		Occupation:	
Daytime Phone:		Mobile/Other Phone:	
Email Address:			
TERMS / REQUESTS			
Apt Size:	# in Apt:	Lease Term (begin/end dates):	
How Did You Learn About Our Community?			
Reason For Moving:			
Budgeted Price:		Quoted Price:	
APPOINTMENT TO VIEW			
Date:	Time:	Comments:	
Date:	Time:	Comments:	
Date:	Time:	Comments:	
YARDI INFORMATION			
Entry Date:	Prospect #:	Apt. Offered:	Special Offered:
COMMENTS			
FOLLOW UP			
Date:	Time:	Result:	
Date:	Time:	Result:	

Tell Us About Yourself (use additional sheets if necessary)

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVER'S LICENSE # OR STATE ISSUED ID #		STATE OF ISSUANCE	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE SUPPLEMENTAL APPLICATION
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS	

APPLICANT'S PRESENT ADDRESS			COUNTY	WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #

LIST ALL OTHER PERSONS TO OCCUPY APARTMENT, INCLUDING DATE OF BIRTH (if 18 years or older must fill out application as an applicant)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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PRESENT ADDRESS IS (Check one):
 OWN HOME PARENTS' HOME RENTED HOME RENTED APARTMENT STUDENT HOUSING OTHER

IF RENTING PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWNED NAME OF MORTGAGE COMPANY

FROM DATE	TO DATE
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ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
MONTHLY PAYMENT	MOVE-IN DATE	ANTICIPATED MOVE-OUT DATE	REASON FOR LEAVING

APPLICANT'S PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) (Check one)
 OWN HOME PARENTS' HOME RENTED HOME RENTED APARTMENT STUDENT HOUSING OTHER

IF RENTING PREVIOUS LANDLORD OR APARTMENT COMMUNITY / IF OWNED NAME OF MORTGAGE COMPANY

FROM DATE	TO DATE
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ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
MONTHLY PAYMENT	MOVE-IN DATE	MOVE-OUT DATE	REASON FOR LEAVING

Employment

EMPLOYER			MONTHLY GROSS INCOME	
ADDRESS		CITY	STATE	ZIP
TYPE OF WORK		POSITION HELD		INDUSTRY
SUPERVISOR		SUPERVISOR'S TELEPHONE #		START DATE
OTHER SOURCE(S) OF INCOME		WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES

FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT JOB)

ADDRESS		CITY	STATE	ZIP
TYPE OF WORK		POSITION HELD		INDUSTRY
SUPERVISOR		SUPERVISOR'S TELEPHONE #		START DATE

Motor Vehicles (including cars, trucks, boats, motorcycles).

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1				
2				
3				

Personal References

NAME OF NEAREST RELATIVE		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #
NAME OF PERSONAL REFERENCE		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #

Criminal Background Information

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)? Applicant Yes No Occupants Yes No

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Applicant Yes No Occupants Yes No

Any litigation, such as evictions, suits, judgments, bankruptcies, foreclosures, etc? Applicant Yes No Occupants Yes No

If "Yes" to any of the above questions, give details and dates _____

How did you hear about our community? Internet (which site?) _____

Walk-By Rental Publication (Which One?) _____ Rental Agency (Which One?) _____

Locator Service (Which One?) _____ Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information--Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include criminal background information, about Applicant and any occupants in the apartment in order to verify the above information, references, credit and criminal records. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant.

I have read and agree to the provisions as stated. Application Processing Fee required with Application: \$ _____

Applicant Signature _____ Total Holding Deposit Per Apartment (if any): \$ _____
(Holding Deposit Agreement required)

Date _____

OFFICE USE ONLY

Apartment Number _____

Apartment Size/Description _____

Anticipated Move-in Date _____

Lease Start Date _____

Lease End Date _____

Monthly Apartment Rent _____

Property Staff Initials _____

This Consent Form discloses to the undersigned Applicant that consumer reports, employment history, and criminal background information may be obtained by Progressive College Living, LLC, or its agents ("PCL"), for the purposes of (1) leasing the property known as Lafayette Square Apartments, (2) verifying the information, references, credit, and criminal records of the Applicant as provided in the Application for Rental, and (3) any other permissible purpose.

1. I, the undersigned Applicant, hereby authorize, instruct, and give my consent to PCL to obtain such consumer reports, tenant screening reports, employment history, and criminal background information as PCL deems necessary or prudent for the aforementioned purposes. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for PCL or its agents or other sources to procure consumer reports, employment history, or criminal background information at any time during the Term of the rental period.

2. I, the undersigned Applicant, understand that the information obtained by PCL pursuant to this Consent Form may contain information about my employment and educational background, criminal history, credit, workers compensation claims, mode of living, character and personal reputation. I also understand that PCL may make use of the internet, including social networking sites.

3. I, the undersigned Applicant, understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this authorization and consent, I, the undersigned Applicant, authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement or criminal justice agencies, courts, state motor vehicle bureaus, and persons to release information they may have about me to PCL or their agent.

5. I, the undersigned Applicant, release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information, except with respect to a violation of the Fair Credit Reporting Act. I authorize PCL, its agents or credit reporting agency, and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

I, the undersigned Applicant, have read, understand, and agree to all of the above.

Applicant Signature

Date

Applicant Name (Print)

Co-Signer Application & Lease Guarantor Agreement

(Only complete this form if required)

To be completed by Co-Signer/Guarantor: PLEASE PRINT

First Name _____ MI _____ Last Name _____

Phone _____ SSN _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address: _____

Employer Information or Source of Income

Employer Name/Source of Income: _____

Employer Address _____

City _____ State _____ Zip Code _____

Phone _____ Monthly Income \$ _____

***** A \$40.00 non-refundable cosigner application fee must be paid prior to running this application.**

Requirements: Credit score of 600+, have a source of income & submit a copy of a photo ID

Resident Name: _____

Address of Rental Property:

Lafayette Square Apartments
541 W. Montgomery Street
Milledgeville, Georgia

For the rental of the above property, and other good and valuable consideration, the undersigned ("Guarantor") guarantees to Progressive College Living, LLC ("Lessor") the prompt and punctual payments of any amounts due by Resident to Lessor under the Lease for the Lease Term. Guarantor authorizes Lessor to obtain or perform any credit report, criminal background check, or employment verification that Lessor determines in its discretion is necessary.

In the event of default the undersigned further agrees: (1) Lessor may seek payment directly from Guarantor without first proceeding against Resident; (2) Lessor may demand in full all amounts owed by Resident for the Lease Term; and (3) Guarantor is responsible for all attorneys' fees and court costs for any legal action taken by Lessor to enforce payment of any amounts due by Resident or to regain possession of the above property.

Guarantor Signature

Date