GMS MANAGEMENT CO., INC. RENTAL APPLICATION

Today's Date:			APPLICATION PROCESS: Approved: (Date:)				
Mark all applicable:							
Original Applica	ınt _	Spouse Applicant		Oate:			
Co-Applicant Co-Signer/Guara	antor —	Add-On Applicant TRANSFER APPLICANT	Prorate: \$_ Prorate Due Dat				
Total Number of Occupan			Co-Signer Requ		igner Approved		
Occupancy Date:	ts in Suite.		Double SureDep	posit Required Date:	,		
Lease Term:			Other:	atc			
Complex Name:		Suite:	Pending applications are voided if more than thirty (30) days old				
Exact Address:		Suite.	BELOW MUST	BE INITIALED BY A	APPLICANT		
Suite Size/Location:			Non-Dog BUILDING:	NoYes (initi	als:		
Complete Remodel/Granite	Suite:	Yes No	Non-Dog SUITE:	No Yes (initi	ials:		
	Suite	105	Monthly Rent:	(init	tials:		
Security Deposit:			Water/Sewer:	(init	ials:		
SureDeposit Bond:			Trash:	(init	ials:		
Key Fob:	Yes	No	Gas:	(initials:			
Discounts:			Electric:	(initials:			
Leasing Specials:			Pet Rent:	/per month per pet (init	ials:		
Feature Wall Color:			Non-Refundable Pet Fee:				
Which Wall:			Photo of Pet & Insurance P	rovided: No	Yes		
ABOVE TO BE FI		LEASING SPECIALIST ONLY					
Please Tell Us About You	`	ANT – COMPLETE THE IN	FORMATION ASKEI Please Tell Us About You	,			
Name of Applicant:				ownedrented	parent's home		
Social Security No.:		D/B:	Present Landlord:	owned rened	parent s nome		
Present Address:		D/B	_				
City, State, ZIP:							
Home/Cell Phone No.:			_	ess:			
Email Address:			If less than 3 years, provide	e previous address:			
		Issuing State:					
Names ALL Persons to Oc	cupy Suite:		Please Tell Us About You				
			Have you lived in a GMS-r	nanaged property before?:	_ Yes No		
			If so, at what complex:				
			Address/Suite:		Suite:		
Emergency Contact:		Relationship:	When did you move out?:				
Address:			Have you ever been evicted	d or broken a rental agreement or	lease contract?		
City, State, ZIP:			If	so, please explain:			
Home/Cell Phone No.:							
Please Tell Us About You	r Job:		Please Provide Us With T	he Following Information:			
Current Employer:			Name of Bank:				
Address:			Account No.:				
City, State, ZIP:			-				
			_	Color			
		Position:	Car #2 Make/Model:	Color			
Monthly Income:			_	Color			
Previous Employer:			Car #3 Make/Model:	C0101			
How Long:			_	Color	r·		
Other Information:	tod of on alert 1	uilty or "no contact" t:-1		photo and proof of insurance re			
•		uilty or "no contest" to a misdemeanor		(indicate dog, cat or other) Weight			
or felony (whether or not resulting in a conviction)?:			_	r, specify:			
Have you ever declared bar			NOTE: Any animal brought into the suite is considered a "pet" unless and until information is provided to designate same as an emotional/support/service/companion animal is provided, and same is in compliance with all applicable laws. Do not address or disclose emotional/support/service/companion animal information in this application. Any information about emotional/support/				
If so, what year?:	Si	tate of filing?:					
NO MO	FORCYCL	ES PERMITTED		cation. Any information about its are addressed AFTER (and i			

(initials: _____)

APPLICATION/DEPOSIT AGREEMENT

I/We,	(insert names of applicants)				("Applicant"),				
residin					have applied to you,				
Coldin	ng at (insert applicant's address)				nave applied to you,				
GMS	MANAGEMENT CO., INC. ("GMS"), for a dwelling at		(in s	ert name of apartment cor	mnlar)				
				eri name oj aparimeni cor	npiex)				
-	t of the application process, I/we hereby agree to the followin	_							
1.	EXECUTION OF LEASE BY THE APPLICANT. The lease which Applicant has had an opportunity to read. The notified that the Applicant has been accepted. Failure to exdiscrepancy of GMS, a forfeiture of any leasing special of the control	Applic xecute s	ant further a aid lease as	agrees to execute said least aforesaid may result in a	se within <u>one (1) week</u> of being forfeiture of the suite or, at the				
2.	PROCESSING FEE. Applicant has paid the sum of FORT FEE for GMS' costs of processing this application. Each A	TY DO Applica	OLLARS (nt for a suite	(\$40.00) (CASH ONI e will be required to subm	LY) as a NON-REFUNDABLE it a separate Processing Fee.				
3.	WHERE APPLICANT IS NOT APPROVED. If Applic	ant is n	ot approved	, no monies will be refun	ded to the Applicant.				
4.	WHERE APPLICANT WITHDRAWS APPLICATION Applicant notifies GMS that Applicant wishes to withdraw the will be retained. If Applicant, after being notified of the whatsoever, or if Applicant fails to enter into said lease with deposited with GMS, including but not limited to the process for GMS' costs and expenses in taking the dwelling unit coverhead.	nis appli e appro in three ssing fee	cation prior oval of this e (3) days of e or security	to approval of this applica application, withdraws t being notified by GMS of deposit, shall be forfeited	tion, the processing fee (\$40.00) his application, for any reason f said approval, then any monies I to GMS as liquidated damages				
5.	KEYS. Keys will be furnished only after (a) said lease and other rental documents have been properly executed and (b) all applicable rentals and security deposits and/or SureDeposit funds have been paid in full.								
6.	NOTICES. GMS may notify Applicant of its decision of approval or non-approval by telephone, letter or e-mail. In the event notification is by mail, Applicant shall be deemed notified of said decision two (2) days after GMS mails Applicant a letter informing Applicant of such decision. Notification to the Applicant's spouse shall be considered notice to both. Notification to any co-applicant shall be considered notification to all co-applicants.								
7.	CO-SIGNER/GUARANTOR FEE. In the event the A Signer/Guarantor shall pay to GMS a NON-REFUNDABL purpose of processing the Co-Signer's/Guarantor's applications.	E proce	nt is a Co- essing fee of	-Signer/Guarantor for a f \$40.00 (in the form of ca	prospective resident, then Cosh or money order only) for the				
		Sign	nature of Co	o-Signer/Guarantor	Date				
8.	RECEIPT. Processing fee (non-refundable)	\$	40.00	CASH ONLY					
9.	AUTHORIZATION. I/We hereby certify that all the statements and representations contained in this application are true and correct I/We authorize GMS to obtain such information from credit reporting bureaus, former and present employers, law enforcement agencies and credit references as may be required to confirm and corroborate the information provided herein. I/We hereby release and saw harmless GMS and any and all parties providing verification information from any and all liabilities for any damages that may result from furnishing said information. I/We acknowledge that false information herein will constitute grounds for rejection of this Application termination of right of occupancy and/or forfeiture of deposits.								
	SIGNATURES:		NOTARY	PROVISION (if required	7):				
	Signature of Applicant/Co-Applicant (Date)		STATE O	F					
			COUNTY	OF					
	Signature of Leasing Agent (Date)		BEFORE ME, the undersigned Notary Public in and for said County and State, personally appeared the above-named						
þ	*** BE SURE TO SIGN BOTH COPIES ***		, who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed.						
Checks or money orders are to be made payable to: GMS Management Co., Inc.			and offici	N TESTIMONY WHERE al seal at, this	OF, I have hereunto set my hand day of,				
Surel funds (Deposit Bond payments are ONLY to be made with certified (cashier's checks or money orders) and are to be made payable to:		NOTARY	PUBLIC					
SureDeposit			My Commission Expires:						
			(Seal)						