

1 GO TIME full Application 2015

GO TIME Properties Maintenance and Home Care, LLC

Phone: (717) 744-2464 Fax: (888) 817-2807

LetsGo@GOTIMEproperties.com

RENTAL CLIENT APPLICATION

- Thanks for applying! We look forward to reviewing your application and hopefully being able to provide housing for you.
- > Please note We realize that many people have items on their credit or backgrounds. These do not necessarily exclude you from consideration. Complete the application fully so that we may best evaluate your situation.

Address of house/apt you are applying for	:
How did you hear about the property? \Box 0	CraigsList: □Other Website (specify):
□ Sign: □ Friend (who)	other:
Date you want to move in:	
Names, Ages, and Relationship of those v	who will be living at the property:
Why are you moving?	
Does anyone smoke? If yes, who?	
	#
American Staffordshire Terrier (Pitt Bull), Chanimals; any animal that displays vicious or	any dog that is predominantly any of these breeds - Akita, now, Presa Canario, Rottweiler, Shar-pei, Wolf Hybrid; exotic dangerous tendencies (as determined by landlord or
, , , , , , , , , , , , , , , , , , , ,	icant 18 or older must complete an application.
Use add	litional pages if necessary.
APPLIC	ANT INFORMATION
1. Full Name Pi	none () Work Phone ()
Email	Date of Birth
Social Security Number	Driver's License # State:
2. Full Name Pl	none () Work Phone ()
Email	Date of Birth
Social Security Number	Driver's License # State:

Present Address:			
City	State: _	_ Zip:	_How long have you lived there?
How much is your current	monthly rent	/mortgage?\$	Utilities? \$
Landlord/Manager/Mortga	age Co Name		
Address			
Phone: ()	Fax: ()	Email:
Are you up-to-date with ye	our payments	now? If not, w	/hy?
Have you made any late p	payments with	nin the past 12	months? If yes why?
Previous Address			
City	State: _	_ Zip:	_How long have you lived there?
Why did you move?			
How much was your mon	thly payment?	? \$	Utilities? \$
Landlord/Manager/Mortga	age Co Name		
Address			
			Email:
	BACKO	ROUND I	NFORMATION
Have you ever been evict	ed or sued fo	r unpaid rent c	or damages to leased property? If yes how long
ago and why?			
Have you ever refused to	pay rent for a	any reason? If	yes why?
Have you ever filed for ba	nkruptcy or s	uffered foreclo	sure? □ no □ yes. If yes, date:
Has the bankruptcy be	en discharge	ed? □ no □ yes	s. If yes, when?
Have you ever been conv	icted of a felc	ony or misdeme	eanor? If yes, please explain:
-			

EMPLOYMENT INFORMATION

Applicant # 1 Employer:		Position:	How Long?
Address			
Phone: () Fax: (
How much do you make a week: \$		How many hours a week	do you work?
Applicant # 2 Employer:		Position:	How Long?
Address			
Phone: () Fax: (
How much do you make a week: \$		How many hours a week	do you work?
Other Employer(s):		Position:	How Long?
Address			
Phone: () Fax: (
How much do you make a week: \$		How many hours a week	do you work?
Former Employer(s):		Position:	How Long?
Address			
Phone: () Fax: (
How much do you make a week: \$		How many hours a week	do you work?
Other Income: Alimony, child support, of you do not wish to have it considered for	•		need not be disclosed if
Source			Amount: \$
Source			
Section 8 Voucher for □ 1 Bedroom □ 2			
Case worker			

PERSONAL REFERENCES

List two persons, other than your relatives, that we may contact to verify your application.

Name	Relationship	Phone: ()
Address	City	StateZip
Name	Relationship	Phone: ()
Address	City	State Zip

Policies:

- After reference checks are complete, we will inform you of our decision whether to make the property available to you.
- To hold the property for you, we need a signed lease and ½ the security deposit within 3 days of contacting you. Otherwise, we may offer the property to another applicant.
- The remainder of the security deposit and the first month's rent are due by your move-in date. You will receive keys at that time. If we have not received the remainder of the security deposit and first month's rent by your move-in date, you forfeit the deposit portion paid and we have the right to offer the property to another applicant.

I have included:

- A signed Employment Verification.
- o A signed Landlord Verification.

AUTHORIZATION

The applicants authorize GO TIME Properties or its designee to obtain any information deemed necessary to evaluate this application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rental history, verification of employment and salary, employment history, vehicle records and licensing records. GO TIME Properties may report to the property owner any information obtained for evaluation of the applicant. The applicants acknowledge that all information in the application is true and correct. The applicants acknowledge that if they present false or incomplete information GO TIME Properties or the property owner may reject this application. The applicants understand that giving false or incomplete information may result in forfeiture of any payments made in connection with the Rental Client Application.

I HAVE READ AND ACKNOWLEDGE THIS PROCEDURE FOR SUBMITTING AN APPLICATION.

Applicant(s) Signature	Date



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Landlord Verification

Applicant Section (completed by Applicant) Authorization: Applicant authorizes GO TIME Properties to obtain information deemed necessary to evaluate their rental application. This information includes verification of residence including payment history, relationship with prior landlord, damages to leased property, etc.
Applicant Name (Print)
Applicant Signature Date
Applicant SSN
Dear Sir or Madam,
The above applicant has applied to rent from GO TIME Properties and has given your name as a past or present landlord. To verify the information provided on the rental application, please provide us the following information. We can be contacted at 717-744-2464 if you have any questions.
Thank you for your help, Brad L Glenn, Manager GO TIME Properties
Landlord Section (completed by Current or Previous Landlord) When did the tenant rent from you?
Monthly rent \$Did tenant pay rent on time? \(\subseteq \text{Yes} \subseteq \text{No} \) If no, number of times late in the last 12 months of their term with you?
Did you ever give them notice or file a landlord complaint against them? ☐No ☐ Yes
If yes, date and reason
Was the unit left in good condition? ☐ No☐ Yes Was the full security deposit returned (or do you anticipate returning it)? ☐ No☐ Yes If no, why?
Where there any particular problems with the tenant? □No □ Yes If yes, please explain

Please return to: GO TIME Properties

Person completing form (Print) _____ Person completing form (Signature)

Email: LetsGo@GOTIMEproperties.com Fax: (888) 817-2807

Date



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Employment Verification

Applicant Section (completed by Applicant) Authorization: Applicant authorizes GO TIME Properties to obtain information deemed necessary to evaluate their rental application. This information includes verification of employment, salary, and employment history.
Applicant Name (Print)
Applicant Signature Date
Applicant SSN or employee number
Dear Sir or Madam,
The above applicant has applied to rent from GO TIME Properties and has given your name as a past or present employer. To verify the information provided on the rental application, please provide us the following information. We can be contacted at 717-744-2464 if you have any questions.
Thank you for your help, Brad L Glenn, Manager GO TIME Properties
Employer Section (completed by Employer) Company Name
□ Full time □ Part-time Employment Start Date End Date
Salary \$ Weekly/Biweekly/Monthly If part time, hours worked:
Would you re-hire the individual? ☐ Yes ☐ No Reason for leaving
Phone Number Fax Number

Please return to: GO TIME Properties

Person completing form (Signature)

Email: LetsGo@GOTIMEproperties.com Fax: (888) 817-2807

Date