

Bayside Rental Group

P.O. Box 1107
St. Marys, GA 31558
(912) 882-4923
Fax (912) 729-6160
Email baytown@tds.net

I authorize Bayside Rental Group to obtain a credit report for the purpose of leasing a home.

Tenant's Signature _____

Print Name _____

Social Security # _____

Birth Date _____

Tenant's Signature _____

Print Name _____

Social Security # _____

Birth Date _____

Current Address _____

City _____ State _____ Zip _____

Phone # _____

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RENTAL VERIFICATION FORM

Tenant's Name _____

Current Address _____

I herby give authorization for release of this information:

Signature _____ Date _____

Landlord _____

Landlord's Phone # _____

Landlord's Fax # _____

Landlord's email _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Lease Start Date _____

Lease End Date _____

Monthly Rent Amount _____

Number of Late Payments _____

Number of NSF Checks _____

Was Security Deposit Returned? _____

If not, why? _____

Additional Comments _____

Person Verifying _____

Position _____

Signature _____ Date _____

Bayside Rental Group

Rental Application

Applicant

Property applying for	Move in Date
Full Name	Date of Birth
Social security number	Phone number

Additional Occupants (We do not need children's SSN)

Full Name	Relationship	SSN
Full Name	Relationship	SSN
Full Name	Relationship	SSN
Full Name	Relationship	SSN
Full Name	Relationship	SSN

Rental History

Current Address	Date Lived at Address
Landlord / Manager	Phone number
Previous Address	Date Lived at Address
Landlord / Manager	Phone number
Previous Address	Date Lived at Address
Landlord / Manager	Phone number

Employment History

Current Employer _____

Address _____

Position or Title _____ Military Only-Rank/Rate _____

Name of Supervisor _____ Supervisor's Phone # _____

Term of Employment _____

Previous Employer _____

Address _____

Position or Title _____ Military Only-Rank/Rate _____

Name of Supervisor _____ Supervisor's Phone # _____

Term of Employment _____

Income

Your gross monthly income before deductions _____

Average monthly amount of other income (must be verifiable) _____

Bank Name _____ Checking Account # _____

Pet Information

Pet Type and Breed	Age	Weight
Pet Type and Breed	Age	Weight
Pet Type and Breed	Age	Weight

Miscellaneous Information

Have you ever filed Bankruptcy?	Yes	No	If yes, date of discharge
Have you ever been Evicted?	Yes	No	If yes, date of eviction
Have you ever been Sued?	Yes	No	If yes, date of suit

Explain any "yes" listed above: _____

References and Emergency Contact

Full Name	Relationship	Phone #
Full Name	Relationship	Phone #
Full Name	Relationship	Phone #

I certify that all the information above is true and correct. I understand that my lease or rental agreement may be terminated if I have made any false or incomplete statements on this application. I authorize verification of the information provided in this application from my credit sources, current and previous landlords, employers, and personal references.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____