

Galloway Gardens Rental Application

Consent to perform criminal history and background check in compliance with FCRA (Federal Credit Reporting Act.)

Date _____ Divers License Number _____ License state _____

Last Name _____ First Name _____ Middle _____

Maiden name or other name used _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ SSN _____ Circle one- Male/female

This authorization and consent for release of personal information acknowledges that Galloway Gardens and/or its agent, Trak-1 Technology, may now, or at any time I am assigned to, volunteer with or am employed by this company (Galloway Gardens) conduct investigations whether the records are of public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended, state driving records, financial or credit institutions, including records of loans, records of commercial or retail credit agencies, other financial statements, records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me, records and recollections of attorney at labor of other counsel, whether representing me or any other person (In either a civil or criminal case in which I have been involved), records from the U.S. Veterans Administration, criminal history information of file in local, state or federal agencies, and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personal Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service records, to release to Trak-1 Technology, the following information and/or copies of documents from my military service record: DD214, service record, any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representative of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Trak-1 Technology/PO Box 130159, Houston, TX 77219 at telephone number 1-800-600-8999. After reading this document, I fully understand its contents and authorize the background verification.

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that Galloway Gardens may nullify the lease due to falsifying information.

Applicant Signature _____ Applicant Name Printed _____

Galloway Gardens

Unit # _____

Move-In Date _____

Rental Rate \$ _____

App Fee \$ _____

Property: Galloway Gardens

Resident Application

Last Name

First Name

Middle Name

Home Phone

Work Phone

Cell Phone

Driver's License

State & Zip Code

Birth Date

Social Security

Single/Married/Divorced

Applicant's History

Present:

Address

City

State

Zip Code

Landlord/Mortgage

Phone

Length

Monthly Rent

Previous:

Address

City

State

Zip Code

Landlord/Mortgage

Phone

Length

Monthly Rent

Present Employment:

Employer	Address	City	State	Zip Code

Phone	Position/Job Title	Supervisor	Gross Monthly Income

Have you ever broken a lease or been evicted from any type of housing? _____

If yes, explain: _____

Have you ever been convicted of a felony or a sex related crime? _____

Vehicle Information

Make/Model: _____ Color _____ Yr _____ Plate # _____ State _____

Nearest Relatives:

Name	Address	Home	Work

Emergency Contact (other than listed above)

Name	Phone #

Roommate/Spouse/Co-signer

Resident Application

Last Name	First Name	Middle Name
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Home Phone	Work Phone	Cell Phone
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Driver's License	State	Birth Date
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Social Security	Single/Married/Divorced
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Present:

Address	City	State	Zip Code
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Landlord/Mortgage	Phone	Length	Monthly Rent
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Previous:

Address	City	State	Zip Code
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Landlord/Mortgage	Phone	Length	Monthly Rent
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Present Employment:

Employer	Address	City	State	Zip Code
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Phone	Position/Job Title	Supervisor	Gross Monthly Income
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Have you ever broken a lease or been evicted from any type of housing? _____

If yes, explain: _____

Have you ever been convicted of a felony or a sex related crime? _____

Vehicle Information

Make/Model: _____ Color _____ Yr _____ Plate # _____ State _____

Nearest Relatives:

Name	Address	Home	Work
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Emergency Contact (other than listed above)

Name	Phone #
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This application and the contents thereof are represented by me to be accurate and complete. Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by credit reporting company, any bank, savings and loans, employer, or any other lender. Materials misrepresentation on this application will constitute a default of the lease or rental agreement between parties.

Processing Charge: Applicant has submitted the sum of \$_____ which is non-refundable fee for an application processing charge. Management acknowledges receipt of which the sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover cost of processing the application as furnished by the applicant.

Deposit: I hereby deposit \$_____ with management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied towards payment of my security deposit when I take possession of the unit. If for any reason management denies my application, the full deposit will be refunded. I understand I may cancel this application by written notice within 24 hours or refuse to occupy unit and deposit will be refunded within 30 days of cancellation. If I cancel after 48 hours or refuse to occupy the premises, I understand the deposit will be forfeited in full.

Applicant's Signature	Date	Applicant's Signature
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Corporate Management	Date
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