

**NEEDED WITH APPLICATION**

\$40.00 Applicant fee  
Driver's license  
Most recent pay stub



**RENTAL APPLICATION**

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Day Phone \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Names and ages of all occupants

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Pet(s) Number & Type \_\_\_\_\_

How did you hear about Galloway Real Estate? \_\_\_\_\_

Referred By \_\_\_\_\_

**PLEASE GIVE US YOUR EMPLOYMENT INFORMATION**

Your Employment Status

Please Check One:  Full-Time  Part-Time  Retired  Other

Current Employer \_\_\_\_\_ Salary per week (before taxes)\$ \_\_\_\_\_

Address \_\_\_\_\_ Employment began \_\_\_\_\_

City and State \_\_\_\_\_ Employed as \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Source of other income \_\_\_\_\_

Previous Employer \_\_\_\_\_ Employment began \_\_\_\_\_

Address \_\_\_\_\_ Employment ended \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Employed as \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Salary per week (before taxes)\$ \_\_\_\_\_

Address \_\_\_\_\_ Employment began \_\_\_\_\_

City and State \_\_\_\_\_ Employed as \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Source of other income \_\_\_\_\_

(Over)→

**PLEASE GIVE US YOUR RESIDENCY HISTORY FOR THE PAST 3 YEARS**

*Please print neatly and fill out completely*

Current Address \_\_\_\_\_

Month & Year Moved-In \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_

Month & Year Moved-In \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE FILL IN THE FOLLOWING INFORMATION**

**Bank #1**

**Bank #2**

Your Bank \_\_\_\_\_

Branch \_\_\_\_\_

Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

2<sup>nd</sup> Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

**(NO COMMERCIAL VEHICLES WILL BE PERMITTED)**

Have you Ever: (please check one of the following)

- 1. Filed for Bankruptcy?  Yes  No
- 2. Been evicted from tenancy?  Yes  No
- 3. Willfully or intentionally refused to pay rent when due  Yes  No

The information stated on this rental application, to the best of my knowledge, is true and correct. I grant Galloway Real Estate Inc., permission to check my credit and to conduct any necessary investigative searches to process this application.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date Signed*

Sales & Rental Associate _____	Monthly Rent \$ _____
Rental Unit Address _____	Security Deposit \$ _____
Co-signer <input type="checkbox"/> Yes <input type="checkbox"/> No Property Mgt. <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease will Begin _____
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No Rental <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease will End _____
Comments: _____	Total # of Occupants _____
_____	Rent will be Due on _____

**Criminal Background, Credit and Eviction Reports will be processed for all applicants**

**Galloway Real Estate**  
 Tel: (609) 652-2828 • Fax: (609) 748-9041  
**Applicant Screening Authorization Form**  
 Application Fee: \$40.00 per applicant



**Applicant Information**

Last Name		First Name			M.I.
Date of Birth / /		Social Security Number			
Current Street Address		City	State	Zip Code	Length of Residence __ months
Previous Street Address		City	State	Zip Code	Length of Residence __ months
Current Employer		Position	Length of Employment __ months	Salary per <input type="checkbox"/> month <input type="checkbox"/> year	

**Applicant Signature(s)**

*By signing below, I attest that the above information is correct and complete and hereby authorize Galloway Real Estate to obtain any information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises, and I understand that any reports ordered are the property of Galloway Real Estate and by FCRA (Fair Credit Reporting Act) Rule, may not be provided to me. I also understand that the application fee is non-refundable, even if my application is denied.*

Applicant: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**Agent Use Only:** Process NTN DecisionPoint Plus Report via NTN's website below. If applicant satisfies or conditionally satisfies the acceptance criteria for Galloway Real Estate, fax this form to NTN so that a criminal background report can be processed. NTN will fax results back to Galloway Real Estate within 90 minutes.

OFFICE USE ONLY		
NTN Access Number:	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$

Submit above information to NTN  
 Phone: (800) 422-8299 Fax: (888) 885-7528  
[www.ntnonline.com](http://www.ntnonline.com) E-mail: [philly@ntnnet.com](mailto:philly@ntnnet.com)