

**Please print, then mail or fax your application to the  
address below:**

*(You may also bring the application with you if you are planning to visit the property)*

**River Ridge at Canton  
100 River Ridge Drive  
Canton, GA 30114**

**Phone: (678) 493-8280  
Fax: (678) 493-8281**

# RENTAL APPLICATION

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
Date

\_\_\_\_\_  
How did you hear about us? (Newspaper, friend, etc.)

\_\_\_\_\_  
What attracted you to this property?

Apartment Size Desired: Number of Bedrooms \_\_\_\_\_

**1. FAMILY DATA:**

Name of Head of Household (Head)				Spouse Name (if living with the household)			
Current Address: Street		City	State	Zip	Day Phone	Night Phone	
Have you ever used another name? (Y/N) _____ If so, please indicate name _____							
Have you ever been convicted of a felony? (Y/N) _____ What City and/or County _____ State _____							
If so, please explain _____							
Current Rent Amount if renting at address above \$ _____/monthly <b>OR</b> Current Mortgage payment if you owned the residence identified above \$ _____/monthly							
Move-in Date for the above identified residence: _____				Estimated Monthly Utilities: \$ _____/month			
Landlord Name and Phone Number for address above: _____							

**PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or None" where appropriate.**

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

**2. HOUSEHOLD COMPOSITION: PLEASE PRINT**

Member #	Name(s)	Relation To Head	Date of Birth MO-DY-YR	Social Security #.	Gender (M/F)	Student (Y/N)	Highest Grade Level Completed	School Name & Type (e.g. preschool, elementary, middle, high, trade school, college)
1.		HEAD						
2.								
3.								
4.								
5.								
6.								

Anticipated changes in the household size? (Y/N) \_\_\_\_\_ Anticipated change in number of students? (Y/N) \_\_\_\_\_

Do all of the above household members reside in the household 100% of the time? (Y/N) \_\_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_

Applicant Name: \_\_\_\_\_



**3. ANTICIPATED INCOME: ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY THE HOUSEHOLD MEMBERS MUST BE LISTED HERE (AFDC, ALIMONY, CHILD SUPPORT, EMPLOYMENT, GENERAL ASSISTANCE, GIFTS, PENSION, SOCIAL SECURITY, TANF, UNEMPLOYMENT, ETC.).**

Member # (match to household Composition listing above)	Source of Income: 1) <b>If Employment:</b> Name of Employer 2) <b>If not employment:</b> Name of source; pension, social security, child support, gift or family support, etc.	Occupation if employed _____ type (see list attached)	Start Date of income	Income derived from this source \$ _____ per month
	Address:			Contact Name:
			Contact Phone:	
			Contact Fax #:	
Member # (match to household composition listing above)	Source of Income: 1) <b>If Employment:</b> Name of Employer 2) <b>If not employment:</b> Name of source; pension, social security, child support, gift or family support, etc.	Occupation if employed _____ type (see list attached)	Start Date of income	Income derived from this source \$ _____ per month
	Address:			Contact Name:
			Contact Phone:	
			Contact Fax #:	
Member # (match to household composition listing above)	Source of Income: 1) <b>If Employment:</b> Name of Employer 2) <b>If not employment;</b> Name of source; pension, social security, child Support, gift or family support, etc.	Occupation if employed _____ type (see list attached)	Start Date of income	Income derived from this source \$ _____ per month
	Address:			Contact Name:
			Contact Phone:	
			Contact Fax #:	

**4. ASSETS: List all assets owned by this household member. Do not include personal property such as furniture and clothing.**

Are your assets and bank account balances equal to or greater than \$5,000? (Y/N) \_\_\_\_\_

Member

Number	Describe Type (All Bank Accounts, Stocks, Real Estate, 401(k), IRA, Keogh, etc.)	Value
		\$
		\$
		\$
		\$
Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? (Y/N) _____		
If yes please describe: _____		

Applicant Name: \_\_\_\_\_



**5. CREDIT HISTORY**

Have you ever filed for bankruptcy? (Y/N) \_\_\_\_\_ If yes, please explain.

Do you currently or have you previously had a judgment filed against you? (Y/N) \_\_\_\_\_ If yes, please explain.

**6. VEHICLES (including company cars, motorcycles, etc.):**

Member Number	Driver's License Number / State	Model	Year	Color	License Plate Number / State	Monthly Payment
						\$
						\$

**7. RESIDENCE HISTORY: PREVIOUS LANDLORDS:**

(Please show at least 2 years of residence history, including any owned by applicants. Do not include the address on page one of application.

If the address on page one of this applications gives at least 2 years of residence history, you are not required to complete section 7 of the application.)

Previous Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Previous Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone

**8. IN CASE OF EMERGENCY, NOTIFY:**

Name	Address	Phone

**9. SPECIAL NEEDS:**

Does anyone in your household have special needs? (Y/N) \_\_\_\_\_

Special living accommodations required? (Y/N) \_\_\_\_\_

Please Explain (Attach additional pages as needed): \_\_\_\_\_

**10. PETS:**

Do you have any pets? (Y/N) \_\_\_\_\_ How Many \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_

Applicant Name: \_\_\_\_\_



---

**OPTIONAL INFORMATION REQUEST**

The following information is requested but not required. **Not responding to these questions WILL NOT impact your application for housing.** If you choose not to answer the questions, please indicate so with your initials and date on the line next to each item.

**Source of Health Insurance: (circle the appropriate response and indicate the corresponding family member number per page 1)**

Employer Provided \_\_\_\_\_ Medicaid \_\_\_\_\_ MC+ \_\_\_\_\_ Medicare \_\_\_\_\_ Medicare Advantage \_\_\_\_\_  
VA \_\_\_\_\_ None \_\_\_\_\_ Other (List source): \_\_\_\_\_

**I choose not to reply regarding the source of my Health Insurance \_\_\_\_\_ (Date and Initials)**

---

**In the past six (6) months, have you or your child been to the doctor? Yes No (Circle one)**

**I choose not to reply regarding doctor visits. \_\_\_\_\_ (Date and initials)**

**Has there been a time in the past six (6) months when you or your child has not seen the doctor because of changes to your health insurance? Yes No (Circle one)**

**I choose not to reply regarding doctor visits. \_\_\_\_\_ (Date and initials)**

**Has there been a time in the past six (6) months when you or your child could not get medicine because of costs or changes to your health insurance? Yes No (Circle one)**

**I choose not to reply regarding receiving medicine. \_\_\_\_\_ (Date and initials)**

**May we contact you to ask more questions about your health insurance? Yes No (circle one)**

**I choose not to reply regarding more questions about health insurance. \_\_\_\_\_ (Date and initials)**

---

Applicant Name: \_\_\_\_\_



---

I/We authorize McCormack Baron Ragan Management Services, Inc., agent for the Property, to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to McCormack Baron Ragan as to my/our character, general reputation, income, credit and mode of living. This application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon McCormack Baron Ragan Management Services until application is approved in writing.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (HEAD)                      Date

\_\_\_\_\_  
Applicant Printed Name (HEAD)

\_\_\_\_\_  
Applicant Signature                              Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Property Representative Signature              Date

\_\_\_\_\_  
Property Representative Printed Name

---

For Office Use Only

MBRMS 10/06 Supersedes MBMS 0606

Application Fee Rec'd: \$ \_\_\_\_\_

Reservation Dep. Rec'd: \$ \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date Apartment Desired: \_\_\_\_\_

Applicant Name: \_\_\_\_\_



# Demographic Selection Reference Sheet

## Move In Reason Selection

Appearance/Design  
 Availability  
 Close to Good School  
 Close to Public Transit  
 Close to Work  
 Employee Referral  
 Neighborhood  
 Other  
 Price  
 Project Amenities  
 Resident Referral

## Occupation Selection

<u>Code</u>	
A-1	Architecture/Engineering
A-2	Arts/Design/Entertainment/Sports/Media
B-1	Building & Grounds Cleaning & Maint.
B-2	Business/Financial Operations
C-1	Community and Social Services
C-2	Computer/Mathematical
C-3	Construction and Extraction
E-1	Educations/Training/Library
F-1	Farming/Fishing/Forestry
H-1	Healthcare Practitioners
H-2	Healthcare Support
I-1	Installation/Maintenance/Repair
L-1	Legal
L-2	Life, Physical and Social Science
M-1	Management
M-2	Military Specific
O-1	Office Clerical & Administrative Support
P-1	Personal Care and Service
P-2	Production
P-3	Protective Service/Police
S-1	Sales/Retail
T-1	Transportation/Material Moving

## Outreach Source Selection

Bus or Billboard  
 Church  
 Direct Mail  
 Drive By  
 Employee/Friend  
 Government Agency  
 Newspaper Ad  
 Other  
 Resident Referral  
 Word of Mouth

## Highest Grade Completed Selection

Didn't Complete High School  
 High School  
 GED  
 Some College  
 2 Year College Degree  
 4 Year College Degree  
 Graduate School  
 Vocation Certificate  
 Not Given

## Type of Other Income Selection

Alimony  
 Co-Signers  
 Family Support  
 Gift Investment/Trust  
 Other  
 Student Loan

## Type of School Selection

Headstart  
 Daycare/Preschool  
 Elementary  
 Middle School/Jr. High  
 Jr. College  
 College/University  
 Trade School  
 Job Corp  
 Home Schooling  
 Graduate School

## Health Insurance Selection

Employer  
 MC+  
 Medicaid  
 Medicare  
 Medicare Advantage  
 None  
 Other  
 VA