



# LTS Application



**Date:** Fill out this application thoroughly and return to landlord.

Landlord: <b>GP Property Solutions</b>	Email: <b>info@gpllc.net</b>	Rent: \$
LL ID #: <b>2193-GP</b>	Fax: <b>n/a</b>	Deposit: \$
Phone: <b>(636) 538-0002</b>	Address of Property:	
How did you hear about this property?		Desired move in date:

**We accept Visa, Master Card, and Debit Cards ONLY. \$50 Per Person Processing Fee/\$60 For A Married Couple. If you have not been married at least one year "or" if you do not have the same last name we need a separate application. Your application will not be processed until payment is received. Also, you can make your payment through PayPal. Go to [www.LTservices.us](http://www.LTservices.us). Click the "Pay Now" link. Application fee is non-refundable.**

Do you give LTS permission to process your card for payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature:
Name of Card Holder:	Exp Date:
Card Number (Visa/MC/Amex):	Zip Code:
Security Code (Three digits on back of card):	(Where you receive your billing statement)

## APPLICANT INFORMATION:

Name:	Maiden Name:
Last First Middle	
SSN:	DOB:
	Drivers Lic #:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	How Long?
Cell Number:	Home Number:
Email:	Preferred Contact Method: Cell <input type="checkbox"/> Home <input type="checkbox"/> Email <input type="checkbox"/>

## SPOUSE INFORMATION:

**If you have not been married one-year fill out a separate application.**

Name:	Maiden Name:
Last First Middle	
SSN:	DOB:
	Drivers Lic #:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	How Long?
Cell Number:	Home Number:
Email:	Preferred Contact Method: Cell <input type="checkbox"/> Home <input type="checkbox"/> Email <input type="checkbox"/>

## CURRENT ADDRESS:

Street:	Apt #:
City:	State:
	Zip:
Name of Complex:	Landlord Name:
Rental Amt. \$	Phone:
Family <input type="checkbox"/> Friend <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/>	Move In Date:
	Lease Term Date:
Mortgage Lender:	Payment Amt. \$

Why are you moving?

## PREVIOUS ADDRESS:

Street:	Apt #:
City:	State:
	Zip:
Name of Complex:	Landlord Name:
Rental Amt. \$	Phone:
Family <input type="checkbox"/> Friend <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/>	Move In Date:
	Lease Term Date:
Mortgage Lender:	Payment Amt. \$

Reason for moving:

**PREVIOUS ADDRESS:**

Street:	Apt #:	
City:	State:	Zip:
Name of Complex:	Landlord Name:	Phone:
Rental Amt. \$	Move In Date:	Lease Term Date:
Family <input type="checkbox"/> Friend <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/>	Mortgage Lender:	Payment Amt. \$
Reason for moving:		

**EMPLOYMENT INFORMATION: (Last two paycheck stubs required.)**

Employer:	Address:	
Position:	Hire Date:	Term Date:
Hourly Rate:	Annual: \$	FT <input type="checkbox"/> PT <input type="checkbox"/>
Supervisor:	Phone:	Paid How Often:

**PREVIOUS EMPLOYMENT or JOB #2: (Please specify)**

Employer:	Address:	
Position:	Hire Date:	Term Date:
Hourly Rate:	Annual: \$	FT <input type="checkbox"/> PT <input type="checkbox"/>
Supervisor:	Phone:	Paid How Often:

**SPOUSE EMPLOYMENT INFORMATION: (Last two paycheck stubs required.)**

Employer:	Address:	
Position:	Hire Date:	Term Date:
Hourly Rate:	Annual: \$	FT <input type="checkbox"/> PT <input type="checkbox"/>
Supervisor:	Phone:	Paid How Often:

**ADDITIONAL INCOME: Example: SSI, SS, Child Support, Alimony, Food Stamps, etc.**

Source:	Amt: \$	How Often:
Source:	Amt: \$	How Often:

**CHILDREN'S NAME/S and Date of Birth:**

1.)	DOB:	3.)	DOB:
2.)	DOB:	4.)	DOB:

**PETS:**

How Many? Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other <input type="checkbox"/>	Age:	Breed:	Weight:
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other <input type="checkbox"/>	Age:	Breed:	Weight:

**AUTOMOBILES:**

Year:	Make:	Model:	License plate #:	Payments:
1.)				\$
2.)				\$

**CHECKING ACCOUNTS: (This information is required if you are self-employed or have direct deposit to verify income.)**

Bank/Credit Union:	Date Opened:	Account #:	Phone Number:
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**REFERENCES: (Required)**

Name:	Address:	Relationship:	Phone:
1.)			
2.)			
3.)			

***Do you want a faster turn-a-round time than 48-72 hours?  
Make sure the application is complete before sending it in.***

Did you provide phone numbers and contact information?

***LTS has provided a "checklist" to help you with the information we need.  
Inaccurate information or documentation not provided will slow down this process.***

**Provide a copy of your Drivers License or State ID and Social Security card along with the application.**

<b>Checklist:</b> <input checked="" type="checkbox"/>	<b>Verification needed for processing:</b>
Employed <input type="checkbox"/>	Paycheck Stubs (Two most recent for each job.)
Self-Emp/Contractor <input type="checkbox"/>	Tax Statement & Bank Statements (Two months.)
Military <input type="checkbox"/>	Leave & Earning Statement (LES)
SSDI or SSI <input type="checkbox"/>	Award Letter or Bank Statement (If you have direct deposit.)
Pension <input type="checkbox"/>	Award Letter or Bank Statement (If you have direct deposit.)
Child Support <input type="checkbox"/>	Provide your payment ledger.
Maintenance (Alimony) <input type="checkbox"/>	Provide your payment ledger.
Food Stamps/Cash Asst. <input type="checkbox"/>	Letter from Department of Social Services or DHS.
Section 8/HUD <input type="checkbox"/>	Voucher with expiration date and unit size. Name and number for your case worker.

**Pre-Qualify Questions:**

Do you bring 3 times the rental amount into your household each month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this verifiable income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you paid with cash?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been evicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been asked to move?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever broken a lease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever damaged property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever filed bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently in a bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When? Where?		
Do you have a criminal record?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When? Where?		

**Comments:**

**Applicant/s hereby certifies that the information provided on this application is accurate and truthful. Applicant/s understands Landlord Tenant Services and its subsidiaries will obtain a credit report, personal profile, and criminal background history.**

**By signing this application, I authorize my Employer, Past Employer, Landlord, Previous Landlord, Mortgage Lender, Bank, Financial Institution, Credit Union and/or Personal References to release any information requested.**

**SIGNATURES:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Spouse Print Name: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_

**Landlord or Authorized Agent Signature:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## **GP LLC APPLICATION ACKNOWLEDGMENT**

(This document has legal consequences. If you do not understand, consult your attorney.)

This application consists of three pages. The truthfulness of your responses is essential. If the Lessor or Broker acting on behalf of Lessor deems any answer or statement herein to be false or misleading, any lease entered into in reliance upon this information may be terminated at their option.

1. It is understood that the premises applied for is to be used as a residential dwelling to be occupied by no more than the number of persons listed in the application(s), and that occupancy is subject to possession being delivered by the present occupant. Occupancy of single family residences shall conform with applicable state or local laws or ordinances, and in case of condominiums, applicable by-laws, rules and regulations. Any and all personal property placed in subject premises shall be at the applicant's risk.

2. After approval and acceptance (written or oral) of this application by Lessor, the applicant shall pay by cashier's check or money order (within 48 hours) to "GP LLC" the amount of the first month rent and shall execute a lease in accordance with the terms of the application. **Failure to remit funds as specified above will cause the subject property to remain on the market, and failure to execute lease will result in forfeiture of all funds plus application processing fee.**

3. All leases terminate on the last day of the month. The prorated rent, if applicable, shall consist of the number of days from the first day of occupancy through the end of that month, times 1/30th of the monthly rent. Prorated rents apply to the 2nd month of occupancy. In no event shall a tenant be granted occupancy without first month's rent paid in full, the required security deposit and proof of liability insurance.

4. The total Security Deposit is equal up to two month's rent (**or as otherwise agreed**) and is due and payable on or before the effective date of the lease. **This Security Deposit is payable to the Lessor by cashier's check or money order, and will be held by Lessor regardless of who actually manages the property.**

- Agree to apply for all utility services before occupying premises and to pay all applicable utilities, including necessary deposits.
- Agree to furnish Lessor with proof of insurance for personal household contents and personal liability of \$100,000 and to keep policy in effect during the term of this lease and any extension thereof.

**By signing this application acknowledgment the applicant(s) acknowledge, agree and/or authorize the following:**

Landlord/Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Tenant signature(s):

\_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_