

Morning Tide Apartments

5600 Altama Ave, Unit 1, Brunswick GA, 31525

Phone: (912) 267-5644

Toll Free: 1-877-NICE-APT

Email: morningtideapts@gmail.com



Apartments

Monthly Rent

2 Bedroom (upper)

\$1,025.00

2 Bedroom (lower)

\$1,060.00

Rent includes trash removal
Security Deposit \$500



RENTAL/CREDIT APPLICATION

PERSONAL INFORMATION

Date	Interviewed By		
Name of Applicant	Contact Telephone #		
Social Sec. No.	Driver's License No.		
Present Address	Email Address:		
City, State, Zip Code			
Prior Address			
City, State, Zip Code			
How long have you lived at present address?	How long have you lived at prior address?		
Name of Landlord	Telephone		
Prior Landlord	Telephone		
Birth Date	How many will occupy apt.? Adults	Children	Pets
Employer	Position		
How long?	Telephone		

SPOUSE INFORMATION

Name	Birth Date
Social Security No.	Driver's License No.
Employer	Position
How long?	Telephone

BANK INFORMATION

Bank Name	Telephone
Address	
Checking Account No.	Savings Account No.

ADDITIONAL PERSONAL REFERENCES

NAME	RELATIONSHIP	TELEPHONE

**Mail to: 5600 Altama Ave
Brunswick, GA 31525
Toll Free: 1-877-NICE-APT
Fax: 912-267-5644**

OTHER INFORMATION				
Number of vehicles (including company cars)				
Make/Model	Year	Color	Tag No.	State
Make/Model	Year	Color	Tag No.	State
Make/Model	Year	Color	Tag No.	State
HAVE YOU EVER				
Filed for bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
Been served an eviction notice or been asked to vacate a property you were renting? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Willfully or intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
How were you referred to us?				
<input type="checkbox"/> Newspaper (name) <input type="checkbox"/> Realtor (name) <input type="checkbox"/> Other				
Rental Unit applied for		Complex Name		
Commencement date		Term	Rent/Month	

DISCLOSURE			
I/We, declare the foregoing information is true and correct, and I/We hereby authorize you to conduct an employment and credit check and to verify our references.			
Applicant's signature	Date	Co-Applicant's signature	Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW			
APPLICATION VERIFICATION	PERSON CONTACTED	REMARKS	
<input type="checkbox"/> Present Landlord			
<input type="checkbox"/> Previous Landlord			
<input type="checkbox"/> Applicant's Employment			
<input type="checkbox"/> Co-Applicant's Employment			
<input type="checkbox"/> Bank			
<input type="checkbox"/> Reference (1)			
<input type="checkbox"/> Reference (2)			
<input type="checkbox"/> Reference (3)			
<input type="checkbox"/> Other			
<input type="checkbox"/> Driver's License/ID	<input type="checkbox"/> Credit Bureau		
Verification completed by		Monies Received	
Date		Description	Amount
Remarks		Deposit	
THIS APPLICATION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			