



THE GARDEN DISTRICT – STATESBORO
17931 HIGHWAY 67 SOUTH, STATESBORO, GA 30458

Phone: (912) 681-6539 Fax: (912) 681-6499 Email: Statesboro@GardenDistrictRentals.com

Apartment Rental Application

Type of Apt. Desired: Studio 1 bdrm/1 bath 2 bdrm/2 bath 3 bdrm/3bath
 Furniture Package Electricity Package Pet? (Y/N)

Name: Preferred Name:

Social Security Number: Date of Birth: / /

Present Address: City State Zip

If this is an apartment in Statesboro? List the community or management name:

If it is, when will your current lease end: / / Semester you are applying for:

How long have you lived at your present address: Reason for leaving

Do you have any delinquent accounts or debts? () Yes () No If yes, please explain:

Cell Phone No. Email Address:

Gender: () Female () Male Race: () White () Black () Other

Driver’s License (State/No./Expiration Date):

School Attending: (check one) GSU OTC EGC Student Id #:

Student class standing () Freshman () Sophomore () Junior
for the upcoming year () Senior () Graduate () Not Applicable () International

Military Status: () Active () Reserves () Not Applicable

Other persons who will occupy apartment:

1. Relationship:

2. Relationship:

Applicants Present Employer: Work No.

Address: City State Zip

The Undersigned represents that the sponsor provided is aware that he/she will be contacted and asked to sign a cosigner form in order to complete a lease that the applicant may enter into.

Parent/Sponsor Name: Cell No.

Address City State Zip

Parent/Sponsor Email address:

Parent/Sponsor Employer: Work No.

Employer Address: City State Zip

The undersigned represents that the information given above is true and complete and authorizes verification of this information by The Garden District, Inc. and/or C&S Services, Inc. The undersigned further understands and agrees that this information may be used to determine the applicant’s qualification to live in The Garden District and to facilitate the collection of any amounts due and owing under a subsequent lease. C&S Services, Inc. is hereby authorized to investigate this application, verify the information contained therein, and provide a credit report for The Garden District.

Signature of Applicant: Date

PLEASE INCLUDE TWO TYPES OF IDENTIFICATION WHEN TURNING IN THIS APPLICATION. (DRIVERS LICENSE AND STUDENT ID)