RENTAL APPLICATION

Equal Housing Opportunity 770-433-3332 Fax 770-444-9895 Office

The undersigned hereby makes an appli	_ located at:		
Anticipated move date of	at a monthly rent of \$	_	_ and
security deposit of \$	•		
PLEASE TELL US ABOUT YOURSELF			
Full Name:			
Home Phone	Date of Birth		
Social Security	Email Address :		
Other Phone ()			
Co-Applicant Name			
Names of Dependents			
Co-Applicant Date of Birth			
Social Security #			
Phone ()			
List All Pets (weight & breed)			
PLEASE GIVE RESIDENTIAL HISTORY Current AddressAp City State Zip Reasons for Leaving Current Rent \$ Owner/Pro Previous Address (last 3 years) Rent \$	ot# Month/Year Moved In perty Mgmt		
Owner/PropertyMgmt	Phone()		
PLEASE DESCRIBE YOUR CREDIT H Have you declared bankruptcy in the past Yes No Have you ever been evicted from a rentatives No Have you had two or more late rental patives No Have you ever willfully or intentionally re	st seven (7) years? al residence? yments in the past year?		
Vee No	• •		

PLEASE PROVIDE YO	UR EMPL	OYMENT INFO	RMATION	
Your Status:Full	Time	_Part Time	Student	Unemployed
Employer				
Dates employed			as	ove less than 12 months, give
Supervisor Name		Phone		
Salary \$	per_	(If e	employed by ab	ove less than 12 months, give
name & phone of previous	us employ	er or school:		
				nsider, please list income,
				t for confirmation. You do not
	child supp	ort, or spouse's	annual income	e unless you want us to consider
it in this application.				
Amount \$				
PLEASE LIST YOUR R	EFERENC	ES		
Banking Accounts:				
Name	7	Type of Account	<u>t</u>	
Name	Type	of Account		_
Personal Reference or I				
Name	Address	3		
Phone	Re	elationship		
Driver's License:				
Your Driver's License N	umber		State	
Vehicle Information:				
Make / Model		Year		
License Plate: State				
ADDITIONAL INFORMA	ATION:			
Please give any addition	_	ation that might	help owner/ma	nagement evaluate this
application?	iai iiiioiiiie	adon that might	noip ownonina	nagoment evaluate tine
Where may we reach yo				······································
Day Phone # () Evening ()Same				

warrant that all statements is a misrepresentation or r	wner of the property and to the agent to accept this application. I above set forth are true; however, should any statement made above ot a true statement of facts, all of the fees will be retained to off-set processing my application.
accepted within 3 days. Up so approved and accepted is given and to pay the bal approved or accepted by the application hereby waiving owner or property managemy application, and invest obtained through personal includes information as to	as hold fee to be refunded to me if this application is not con acceptance, this fee shall be retained and non-refundable. When I agree to execute a lease for months before possession ance of the hold fee prior to the move in date. If the application is not ne owner or property manager, the deposit will be refunded. The any claim for damages by reason of non-acceptance which the reject. I recognize that as a part of your procedure for processing gative consumer report may be prepared whereby information is interviews with others with whom I may be acquainted. This inquiry my character, general reputation, personal characteristics and mode ation to the best of my knowledge is true and correct.
Please sign:	
Name of Applicant Date:	
AUTHORIZATION Releas	e of Information
I agree to permit an invest purposes of renting an apa	gation of my credit, tenant history, banking and employment for the artment with this owner/manager. Name (please print)
X	
Signature	
Date	
APPLICANT: PLEASE DC	NOT WRITE BELOW (FOR OFFICE USE ONLY) Deposit of
Received by	Date

OFFICE NOTES:

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance.