



Phone: 404-876-6432
 Fax: 404-876-5850

CO-SIGNER RENTAL APPLICATION

Monies submitted with the application, and all monies presented within ten days of scheduled move-in date must be rendered in the form of a personal check, cashier's check or money order. No cash accepted at any time.

READ CAREFULLY BEFORE COMPLETING APPLICATION. Please complete this application with all pertinent details. Any omission or incorrect information might lead to the delay or refusal of leasing an apartment. I fully understand that if I have given false or misleading information this can result in my removal from said premises by the landlord at any time. Thank you.

Apartment Applying for _____ Move-In Date _____
 Name (Last) _____ (First) _____ (M.I.) _____ D.O.B. _____ SS# _____
 Marital Status _____ # of Children _____ Home Ph# _____ Work Ph# _____
 Spouse's Name _____ SS# _____ DL# _____

Name anyone else who will be occupying this apartment:

Name	Relationship	Age

I learned of these apartments from: _____ I was shown Apartment by: _____

Residence for the last three years (list present residence first - be sure to give correct zip code)

Street Address (list apt. #)	City	State	Rent Amount	Mortgage Co. Leasing Agent or Name of Apartments	Leasing Agent's Phone #	Date From	Date To

Additional information pertinent to residence history: _____

Reason for leaving present residence: _____

Have you ever been evicted from any leased premises? Yes ___ No ___ If yes explain _____

Have you ever vacated premises without giving written notice? Yes ___ No ___ If yes explain _____

Employment for the last two years (list present job first) If self employed, are you a Corporation ___ Proprietorship ___ Partnership ___

Other ___ Type of Business _____ No. of Years in Business _____ Bus. License # _____
 County & State _____ CPA or Accountant's Name & Phone _____

Name of Company	Address	Position	Monthly Income	Supervisor	Phone #	Date From	Date To

If Student Name of School _____ Enrollment Date _____ Co-signer's Name _____

Personal Reference (not relatives - be sure to give correct zip codes)

Name	Street Address	City	State	Zip	Years Known	Home Phone	Bus. Phone

Nearest Relative: Name _____ Relationship _____ Phone # _____

Address _____ Zip _____ Business Phone # _____

Credit References:(Open Account Only) Include Installment Loans

(If bank card is being referenced list issuing bank – If credit information is not available list additional personal references)

Company	Address	Mo. Payment	Balance	Account #	Phone #

Bank: _____ Branch: _____ Checking ___ Savings ___ Acct #: _____

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Auto: _____ Year: _____ Tag #: _____ State _____ Registered to: _____

Auto: _____ Year: _____ Tag #: _____ State _____ Registered to: _____

Do you own a boat, motorcycle, trailer, camper, etc.? If so, list description and tag #'s _____

A non-refundable charge of \$ _____ is required for processing this application.

Receipt of \$ _____ from applicant acknowledged as reservation fee/processing charge. Acceptance of application and any monies deposited herewith are not binding upon Landlord until application approved by Landlord. Applicant may withdraw this application within _____ hours and all monies given herewith shall be returned except for processing charge.

If applicant fails to execute a rental agreement or refused to occupy premises on agreed upon date, all monies given herewith shall be retained to landlord as liquidate damages. If application is not approved, all monies given herewith, less processing charge, shall be returned to applicant. I/we certify that the information given herein is complete, true and correct. Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my/our employer and creditors, and to procure such other information which landlord or agent may require to evaluate this application. This application must be signed before it can be processed. Any false information will constitute grounds for rejection of application.

Signature of Management _____ Signature of Applicant _____

Date _____ Time _____ Today's Date _____
