



Phone: 404-876-6432  
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## 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 #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Acct #: \_\_\_\_\_  
 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 \_\_\_\_\_  
 \_\_\_\_\_

**Pet Information:** Do you own pets? Yes \_\_\_ No \_\_\_ How many? \_\_\_ Kind \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_  
 Breed \_\_\_\_\_ Rabies Vaccination No. \_\_\_\_\_ Date of last Rabies  
 Vaccination \_\_\_\_\_

If you don't have a pet, do you anticipate getting one? Yes \_\_\_ No \_\_\_ If yes, management is requesting all information upon its presence on said premises.

Can you supply references for your pet upon request? Yes \_\_\_ No \_\_\_

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 \_\_\_\_\_

**For Apartment Use Only**

This company has been authorized to investigate this application by the applicant. All information reported to this company is confidential. Any wrongful conduct of the aforementioned would be in violation of Fair Credit Reporting.

Date Submitted for Approval \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_  
 Apartment # \_\_\_\_\_ Rent Amount \_\_\_\_\_ Deposit Amount \_\_\_\_\_ Move-In-Date \_\_\_\_\_  
 Term of Lease: From \_\_\_\_\_ To \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_ By: \_\_\_\_\_  
 Predated Rent Amount \_\_\_\_\_ Date Due \_\_\_\_\_ Utilities Furnished \_\_\_\_\_

Resident History	Date/ By	1.	2.	3.	4.
1. Present landlord states resident satisfactory		Yes No	Yes No	Yes No	Yes No
2. Does resident maintain premises in good condition?		Yes No	Yes No	Yes No	Yes No
3. Is rent paid promptly when due?		Yes No	Yes No	Yes No	Yes No
3b. Has resident ever been issued disposessory?		Yes No	Yes No	Yes No	Yes No
4. Any complaints from other residents reflecting on his		Yes No	Yes No	Yes No	Yes No

desirability?				
5. Is resident on lease at present?	Yes No	Yes No	Yes No	Yes No
5b. If yes has resident given notice to vacate?	Yes No	Yes No	Yes No	Yes No
5c. When does lease expire?				
6. What monthly rent does he pay at present? Indicate if utilities included. If so, Which ones?				
7. To your knowledge does subject own a pet?				
8. Person giving information				
8b. Title				

**Employment**

Comments:

1. Person giving information				
1b. Title				
2. Applicant's job title				
3. Is applicant subject to transfer?				
4. Approximate monthly income				
5. Includes commissions/tips				
6. Does applicant work full time?				
7. Are prospects for permanent employment good?				

**Personal References**

1. \_\_\_\_\_ by \_\_\_\_\_
2. \_\_\_\_\_ by \_\_\_\_\_
3. \_\_\_\_\_ by \_\_\_\_\_

**Credit References / Bank Accounts**

Account #	Type of Account	Person Giving Info	Date Open	High Balance	Monthly Payment	Late Payments	Current Balance	Rating	By

Consumer Credit Report      Recommendations: \_\_\_Approval \_\_\_Disapproval      Initial & Date \_\_\_\_\_  
 \_\_\_Satisfactory      By:      Comments: \_\_\_\_\_  
 \_\_\_Unsatisfactory  
 \_\_\_No File      Date: \_\_\_\_\_  
 Judgements Listed \_\_\_\_\_  
 Charge-Offs Listed \_\_\_\_\_

