

RENTAL APPLICATION

PLEASE CHECK ONE: I am interested in buying or a long-term lease I am interested in short-term leasing

PERSONAL

Name: _____
Address: _____
City/State/
Zip: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

SPOUSE/ROOMMATE

Name: _____
Address: _____
City/State/
Zip: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

PROPERTY PREFERENCES

When do you want to move in? _____
Where would you prefer to live? _____
Which school district? _____

OCCUPANT

How many adults will occupy the home?..... How many children will occupy the home?.....
Do you, or does anyone you will live with have pets?..... Children's names and ages:
If yes, how many pets?.....
Types of pets:

Does any of the following apply to you or those who will live with you?

In a business that requires home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had credit problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evicted or forced to vacate any	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Presently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain: _____

Furnishings

What style of furniture do you own? _____

How old are your furnishings? (in years) _____

In what condition is your furniture? _____

Would you be willing to rent or purchase additional Yes No

Do you own any of the following types of furniture sets?

- Breakfast Area Kitchen Exercise Room Master Bedroom Family Room Patio Furniture
- Formal Dining Room Study Formal Living Room Other (*Please specify*) _____
-

CREDIT

CURRENT RESIDENCE:

Name: _____

How long have you resided at your current residence? _____

Address: _____

Current landlord's name: _____

City, State, ZIP: _____

Current landlord's phone number: _____

Cell Phone: _____

PREVIOUS RESIDENCE:

Work Phone: _____

How long have you resided at your previous residence? _____

Social Security #: _____

Previous residence address: _____

Birthdate: _____

Previous residence city and state: _____

Driver's License #: _____

Previous landlord's name: _____

Driver's License State: _____

Previous landlord's phone number: _____

EMPLOYMENT INFORMATION:

Current Employer: _____

Employer's Phone Number: _____

Position: _____

Length of employment in months: _____

Gross monthly income: _____

PERSONAL REFERENCES:

Full Name: _____

Full Name: _____

Relationship to you: _____

Relationship to you: _____

Phone Number: _____

Phone Number: _____

BANK REFERENCE:

Bank Name: _____

City, State, ZIP: _____

Contact Name: _____

Phone Number: _____

EMERGENCY CONTACT:

Full Name: _____

Relationship: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Applicant represents the above information to be true, accurate and complete and hereby authorizes verification of the information provided, including but not limited to obtaining a credit report. Any misrepresentation of the above information will void this application and/or related agreements. If applicant is approved, the photographs and a contract will be maintained by the Atlanta Rentals offices as a complete file record. Applicant agrees that he/she is engaging ATLANTA RENTALS to provide specific services, during which applicant may become knowledgeable of ATLANTA RENTALS contracts, managerial and operational procedures, and other materials; therefore, by signing this application, applicant agrees not to engage in or otherwise be employed, contracted, or retained by any competing business engaged in similar services within a one hundred mile radius of Atlanta, Georgia, nor shall directly or indirectly, as an owner, associate, director, consultant, or in any other capacity, provide services which are the same as or substantially similar to ATLANTA RENTALS for a period of twenty-four (24) months following tendering this application.

By virtue of my electronic signature, herein below, I grant permission to the recipient of this application to verify my credit for placement into a property.

Full Name: _____ Social Security Number: _____

Date: _____

FAX TO 404-236-5199 OR SAVE AND EMAIL AS AN ATTACHMENT TO INFO@ATLANTARENTALS.COM