

If you have any questions please phone us at: 770-505-6000. Fax: 678-623-0424



Office Use Only

Rec Fee _____

Proc Date _____

STANDARD APPLICATION

PLEASE PRINT - ALL information must be completed. The decision to sell to you will depend in great part on your credit history and information in this application. Honest answers can help you to overcome credit problems. So please give us all of the information so we can help you.

Address you are applying for: _____

How did you find out about us? Sign : Newspaper : Friend : Other Date of desired occupancy: _____

YOUR PERSONAL INFORMATION

Applicant 1

Name: _____

Social Security Number: _____

Date of birth: _____

Address: _____

City: _____ ST: _____ ZIP: _____

E-Mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License # _____ State: _____

Applicant 2

Name: _____

Social Security Number: _____

Date of birth: _____

Address: _____

City: _____ ST: _____ ZIP: _____

E-Mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License # _____ State: _____

Present Address _____

City _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Phone: (____) _____

Landlord/mgr's name _____ Alternate Phone: (____) _____

Why are you leaving? _____ Current Payment: \$ _____

Previous Address (if less than 2 years) _____

City: _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Phone: (____) _____

Landlord/mgr's name _____ Alternate Phone: (____) _____

YOUR EMPLOYMENT INFORMATION

Applicant 1

Employer1: _____

Employment Type (circle one):

W-2 1099 Self Employed Other

Address: _____

City: _____ ST: _____ ZIP: _____

Position: _____

Supervisor: _____

Supervisors Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Must have previous employer if less then two years

Employer2: _____

Employment Type (circle one):

W-2 1099 Self Employed Other

Address: _____

City: _____ ST: _____ ZIP: _____

Position: _____

Supervisor: _____

Supervisors Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Other Income

Alimony: \$ _____

Retirement: \$ _____

Other: _____ Amount: _____

Comments: _____

Applicant 2

Employer 1: _____

Employment Type (circle one):

W-2 1099 Self Employed Other

Address: _____

City: _____ ST: _____ ZIP: _____

Position: _____

Supervisor: _____

Supervisors Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Must have previous employer if less then two years

Employer2: _____

Employment Type (circle one):

W-2 1099 Self Employed Other

Address: _____

City: _____ ST: _____ ZIP: _____

Position: _____

Supervisor: _____

Supervisors Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Other Income

Alimony: \$ _____

Retirement: \$ _____

Other: _____ Amount: _____

Comments: _____

CREDIT INFORMATION: This can include store credit cards, rental stores, car loans, small loans, etc.

Bank _____ Branch _____ Acct #(s) _____ Checking: []: Savings []: Loan []:

City _____ State _____ Approx. Balance \$ _____ How Long? _____

How much down payment money do you have to work with? \$ _____

Source of down payment? Personal Funds : Gift : Relatives : Loan : Other _____

Have you ever been evicted? YES : NO : Have you ever had a repossession? YES , Date _____: NO : (if Yes, explain below)

Have you ever had a foreclosure? YES , Date _____: NO : If Yes, explain: _____

Do you have any unpaid student loans? YES : NO : If Yes, how much is the total? \$ _____ Monthly Payment: \$ _____

Is your paycheck currently being garnished? YES : NO : If Yes, how much? \$ _____ If Yes, explain: _____

Have you ever filed for bankruptcy? YES , Date _____: NO : (if Yes, explain below) If yes, Chapter 7 or Chapter 13 ?

If YES, has the bankruptcy been discharged? YES : NO : If YES, when discharged? _____

Have you ever been convicted of a crime, other than a traffic violation? YES : NO :

If you answered YES to any of the above questions, explain: _____

LIST ALL OF YOUR CURRENT MONTHLY OBLIGATIONS BELOW:

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

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Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

PERSONAL REFERENCES - List two persons, other than your relatives, that we may contact to verify your character.

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

EMERGENCY - In an emergency you may contact (List two, other than spouse/roommate, nearest relatives first)

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE PROPERTY

Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

Pets

Do you have pets? Yes : No : How many? _____

List Pets:

Name _____ Type _____ Weight ____ lbs. Name _____ Type _____ Weight ____ lbs.
 Name _____ Type _____ Weight ____ lbs. Name _____ Type _____ Weight ____ lbs.

Describe Pets:

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

A non-refundable application fee of \$_____ and a reservation/earnest money fee of \$_____ are required for processing this application, and is being paid herewith. All adults who will occupy the property before Management can consider this application must sign an Application Receipt Agreement. The undersigned expressly agrees that if this application is approved applicant herewith agrees to lease/option this property. Applicant further agrees that if applicant is accepted by Management and then decides, for any reason, not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective purchasers may have been turned away and it will be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decided to forfeit the reservation fee payment made herewith and will begin re-marketing the property. If applicant is not approved, all monies given herewith, less application fee shown above, shall be returned to applicant.

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2(S) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION [], OR WILL BE PROVIDED []. I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

Credit Card: I agree to pay the total amount shown above in compliance with the cardholder agreement

 Applicant 1 Date

 Applicant 2 Date

Pay by Credit Card

Type: Visa, MC , Amex, Disc

Amount _____

Name on Card _____

Credit Card Number _____

Expiration date _____

CVS _____