## RENTAL APPLICATION

FC	OR OFFICE USE ONLY	
DATE	AGENT	
COMMUNITY		
APT. NO	RENT \$	

Notice: Co-Applicant must complete a separa	te Rental Application Forn	n				
The undersigned hereby makes application	to rent unit number	located at				
beginning on		, at	, at a monthly rental of \$			
PLEASE TELL US ABOUT YOURSE	F					
FULL NAME			Home Phone			
Date of Birth Social Secu	rity No		Work Phone			
Driver's Lic. No./State		E-mail	Cell Phone			
CO-APPLICANT		Relationship	Phone			
Date of Birth Social Security	No	Driver's Lic	. No./State			
Names of All Other Occupants			Total Number of Occupants			
How Many Pets? Kind of Pe	et, Breed, Weight and A	ge				
PLEASE GIVE YOUR RESIDENCE H	ISTORY FOR THE PA	ST 3 YEARS (B	eginning With Most Current)			
CURRENT ADDRESS	÷					
Month & Year Moved In	Reas	on for Leaving				
Owner or Agent		Phone (	) Monthly Payment \$			
PREVIOUS ADDRESS (If within 3 years)						
Month & Year Moved In	Moved Out	Re	ason for Leaving			
Owner or Agent			Phone ( )			
PREVIOUS ADDRESS (If within 3 years)						
Month & Year Moved In	Moved Out _	Re	ason for Leaving			
Owner or Agent			Phone ( )			
PLEASE GIVE YOUR EMPLOYMEN	TINFORMATION					
YOUR STATUS:   Employed Full-Time  CURRENT EMPLOYER (Or Most Recent)	☐ Employed Part-Time		☐ Retired ☐ Not Employed			
Address			Phone ( )			
Date(s) Employed / From	To	Positi	ion			
Supervisor	_ Your Gross Monthly Sa	alary \$	Household Gross Monthly Income \$			
PREVIOUS EMPLOYER						
Address			Phone ( )			
Date(s) Employed / From	To	Position	Supervisor			
			ce and person (Banker, Employer, etc.) who we could contain acome unless you want us to consider it in this application			
Amount ¢ Por	C		Telephone			

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1			
2			
YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			
3			
TOTAL NUMBER OF VEHICLES (Include	ding Company Vehicles)		
Make/Model	Year	Color Tag N	o./State
Make/Model	Year	Color Tag N	lo./State
Other Car, Motorcycle, etc.			
HAVE YOU OR CO-APPLICANT EVER:	Been sued for non-payment o	f rent?	
Been evicted or asked to move out?		Broken a Rental Agreement or Lease?	P □ Yes □ No
Been sued for damage to rental prope	erty? 🗆 Yes 🗆 No		No
Please give any additional information	n that might help managemer	nt evaluate your application:	
	_		
How did you hear about our property			
If management has any questions ab	out your application, please g	ive Phone Numbers where you can be	e located:
Day Phone:	Night P	hone:	
IN CASE OF PERSONAL EMERGEN	CY, NOTIFY:	Relation	nship:
Full Address:			
		none:	
to the owner of the proper set forth are true; however of facts, \$\_250.00 \_c processing my application.	ty and to the agent to acce , should any statement ma of the deposit will be retain	for the term and upon the condited the day of each month in advanged the specification, I warrant that de above be a misrepresentation and to offset the agent's cost, times	all statements above or not a true statement e, and effort in
within 3 business banki of the security deposit. Who before possession is given a days after being notified of agent's time and effort in pa my credit, character, and r	ng days. Upon acceptance en so approved and acceptance and to pay the balance of the acceptance, or the deposit rocessing my inquiry and a eputation. If this application	of this application, this deposit shed I agree to execute a lease for	nall be retained as part 12 (twelve) months  a) business banking hages in payment for the essary investigation of the owner or agent, the
GIVEN IN THIS APPLICATIO	N. I ALSO AUTHORIZE MAI	D(S), CREDIT AND PERSONAL REP NAGEMENT TO OBTAIN MY CONS	
The above information, to t	he best of my knowledge, is	true and correct.	
Signature of Applicant		Date S	igned/

Signature of Co-Applicant \_\_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_\_

APPLICA	NT: PLEASE DO NO	T WRITE	BELOW		
PAYMENT OF \$ RECEIVED BY (NAM	NAME) DATE				
THIS APPLICATION FORM RECEIVED BY (NAME)					
Reference Verification Name	Reference Comments				
					*
					<del></del>
	(9)				
					<u>-</u>
Comments:					
					<del></del>
		52//			*
THIS APPLICATION	PPROVED				
			Date		
If not approved, specify reason(s)					
Applicant Notified By (Name)			Date Notified		
Notified by: ☐ LETTER (Attach Copy) ☐ FORM			☐ IN PERSON		
		RA-220	PEACHTREE	1-800-241-4623	PBP1.com