

RENTAL APPLICATION FORM

Fax: 404-806-0704

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Zelle: 404-808-9421

PLEASE NOTE: This application is to be accompanied by either a \$35 non-refundable application fee or a deposit equal to one month rent that is 100% refundable if your application is not accepted. We accept PayPal payments.

Last Name: _____ First: _____ Middle: _____

Social Security: _____ Date of Birth: _____ Maiden Name: _____

Current Address:

How long there? _____ Reason for leaving:

Name and contact information of Owner or Agent:

Previous Address:

How long there? _____ Reason for leaving:

Name and contact information of Owner or Agent:

Prior Address:

Employer: _____ How long:

Employed as: _____ Salary: _____ Phone:

Address: _____ Supervisor:

In case of emergency, name and address of two nearest relatives not living with you:

Name: _____ Relationship:

Address: _____ Phone:

Name: _____ Relationship:

Address: _____ Phone:

I authorize the agent for owner of this property to verify the above information and obtain a credit report. I understand that when my application is accepted, the accompanying earnest money check will be deposited, but that if my application is not accepted, my check will be returned uncashed. I certify that there are sufficient funds in my account to cover the earnest money check which is being tendered with this application. This is an equal housing opportunity.

Date: _____ SIGN HERE: _____ Phone: _____