

Rental Application

Each co-resident over 18 years old **MUST** submit a separate application

Date when filled out: _____

ABOUT YOU

Full Name (Exactly as on driver's license or govt. ID card)

(First) _____ (Middle) _____ (Last) _____

Former Names/Aliases (maiden and married): _____

Social Security #: _____ Birth Date: _____ Birth State _____

Driver's license # and state: _____ (state) _____ OR _____

Govt. photo ID card #: _____ Type: _____

Address on Driver's license or govt. ID card Street _____
City _____ State _____ Zip _____

Current Address:

City _____ State _____ Zip _____ Phone: (____) _____

Current monthly rent: \$ _____ (paid by you) # of current roommates: _____

Name of Apartments where you live now: _____

Current Owner/Manager/Landlords name: _____ Phone: (____) _____

Move in date: _____ Reason Leaving: ? _____ (use back if you need)

Previous Address:

City _____ State _____ Zip _____

Apartment Name: _____ Rent: \$ _____

Owner/Manager/Landlords name: _____ Phone: (____) _____

Move in date: _____ Reason Leaving: ? _____ (use back if you need)

Date you moved in: _____ Date you moved out: _____

Present Employer:

Address: _____ Full-time Part-time

City _____ State _____ Zip _____ Times of work: _____

Work phone: (____) _____ Dept. _____ Date Started: _____

Gross monthly income: _____

Supervisor's name: _____ Phone: (____) _____ Ext: _____

Previous Employer:

Address: _____ Position: _____

City _____ State _____ Zip _____ Times of work: _____

Work phone: (____) _____ Dept. _____ Date Started: _____

Gross monthly income: _____

Supervisor's name: _____ Phone: (____) _____ Ext: _____

SPOUSE Full Name (Exactly as on driver's license or govt. ID card)

(First) _____ (Middle) _____ (Last) _____

Former names/aliases (maiden and married): _____

Heinsite Services® 6050 Peachtree Parkway, Suite 240-245, Norcross, Ga. 30092
(770)-559-4596 Fax (770) 559-4591

OTHER OCCUPANTS

Names of all persons who will occupy the unit without signing the lease. Continue on separate page if more than four.

Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____

CREDIT HISTORY

Checking Account #: _____ Branch Phone: (____) _____
Bank Name: _____ City _____ State: _____ Location: _____

Savings Account #: _____ Branch Phone: (____) _____
Bank Name: _____ City _____ State: _____ Location: _____

Credit Union Account #: _____ Branch Phone: (____) _____
Name: _____ City _____ State: _____ Location: _____

Other Credit Reference: _____ Phone: (____) _____
Other Credit Reference: _____ Phone: (____) _____

Your other non-work income you want considered. Please explain: _____

Have you or your spouse ever owned a home? Yes No

Past credit problems you want to explain: _____

Have you, your spouse, or any occupant listed above ever:	YES	NO
Been evicted or asked to move out?	<input type="checkbox"/>	<input type="checkbox"/>
Broken a rental agreement or lease contract?	<input type="checkbox"/>	<input type="checkbox"/>
Declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/> Dismissed or discharged
Been sued for nonpayment of rent?	<input type="checkbox"/>	<input type="checkbox"/>
Been sued for damage to rental property?	<input type="checkbox"/>	<input type="checkbox"/>
Been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Received deferred adjudication for a felony?	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the year, location and type of each felony.

VEHICLES List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if more than three.

1. Make and Model of vehicle: _____ Color: _____
Year: _____ License: _____ State: _____

2. Make and Model of vehicle: _____ Color: _____
Year: _____ License: _____ State: _____
3. Make and Model of vehicle: _____ Color: _____
Year: _____ License: _____ State: _____

OTHER INFORMATION

Will you or any occupant have an animal? No Yes *If so,*
Please indicate the kind, weight, breed, age: _____
How were you referred to us? _____

EMERGENCY CONTACTS Relatives who will not be living with you

Name: _____ Relation: _____ Phone: (____) _____
Address: _____ Wk Phone: (____) _____
City _____ State _____ Zip _____

Name: _____ Relation: _____ Phone: (____) _____
Address: _____ Wk Phone: (____) _____
City _____ State _____ Zip _____

PERSONAL REFERENCES:

Name: _____ Relation: _____ Phone: _____
(____) _____
Name: _____ Relation: _____ Phone: _____
(____) _____
Name: _____ Relation: _____ Phone: _____
(____) _____
Name: _____ Relation: _____ Phone: _____
(____) _____

NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE

Applicant submits herewith a non-refundable payment in the amount of \$ _____ for credit check and processing charge. If application is not approved, said sum will be retained by management to cover the cost of processing this application. Any false information will constitute grounds for rejection of application. Management, landlord, owner and/or its agent is hereby expressly authorized to verify the accuracy and correctness of the statements contained herein, to communicate with applicant's employers and creditors, and to procure such other information which management or agent may require to evaluate this application including references, employment, character, education, criminal or police records by private or public organizations.

NOTE: Application must be signed before it can be processed by management.

GOOD FAITH DEPOSIT

a good faith deposit in the amount of \$ _____ is submitted with this application. If application is approved, this good faith deposit can be applied toward payment of applicant's security deposit of \$ _____, non-refundable lease fee of \$ _____, and non-refundable administrative fee of \$ _____ which are due prior to taking possession of the property; and applicant agrees to execute management's usual rental agreement on or before the occupancy date set out in this application. If for any reason management rejects this application, the good faith deposit submitted herewith will be refunded in full to applicant. Applicant may cancel this application by written notice with _____ hours and receive a full refund of the good faith deposit. If applicant cancels this application after _____ hours or fails to execute managements usual rental agreement, or refuses to occupy the premises on the agreed upon date, the good faith deposit will be held until management can determine if it has incurred any expenses or rent loss due to this cancellation. These costs will be deducted from this deposit and the balance will be refunded.

I have read the above statement and the information provided is my true and complete legal name and all information is true and correct to the best of my knowledge:

Applicant's signature _____ Date: _____

Full Name Printed: _____