



Real Estate Professionals

RENTAL APPLICATION

2282 Old Concord Rd. 770-384-1400 Office
Smyrna, GA 30082 770-384-1132 Fax

Property Address: _____ City: _____

Date to Occupy _____ Agent _____ Rent _____

Applying for a _____ month lease at \$ _____ /month, or a Lease Purchase with \$ _____ down

First, Middle, Last Name	Social Security #	Birth Date	Relationship to Applicant
Applicant			
Co-applicant			
All other Residents			

Describe Pets (Breed, Weight, Name) _____
Should you have one of the following breeds: Pit Bull, Dobermans, German Shepherds, Rottweiler, and any Chow Mix, a Special Policy will apply if such pets are allowed.

Residency History

Present Address _____ City _____ State _____ Zip _____
Present telephone # _____ Length of time at present address _____
Monthly Payment \$ _____ Reason for Moving _____
Landlord Contact Information _____

Previous Address _____ City _____ State _____ Zip _____
Previous telephone # _____ Length of time at previous address _____
Previous Landlord/Mortgage Holder _____ Phone _____
Monthly Payment \$ _____ Reason for Moving _____
Landlord Contact Information _____

Income and Employment Verification

Applicant's Employment _____ How Long _____
Employer's Address _____ City _____ Phone _____
Position Held _____ Salary per Month \$ _____
Contact Name and Phone # _____
Additional Income and Explanation _____

Spouse Employment _____ How Long _____
Employer's Address _____ City _____ Phone _____
Position Held _____ Salary per Month \$ _____
Contact Name and Phone # _____
Additional Income and Explanation _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Have you ever been convicted of a felony? _____

I authorize **Real Estate Professionals** and their agents to receive any **CRIMINAL HISTORY** record information pertaining to me, which may be in the files of any state or local criminal justice agency. I release all parties from liability for damages for issuing such information in good faith.

FULL NAME: _____

SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

The following information is required to insure an accurate match and is not used for any other purpose:

SEX: _____ RACE: _____ DATE OF BIRTH: _____

EACH APPLICANT MUST COMPLETE A SEPARATE FORM

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