

RENTAL APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.

Applicants full name _____ Phone # _____ DOB _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Current Landlords Name _____ Landlords Phone # _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

Auto Yr _____ Make _____ Model _____ State/License Plate # _____

Present Employer _____ Position _____ Mo. Income _____

Phone # _____ How long at job _____ Other income/source _____

Employers Address _____ City _____ State _____

Previous Employer _____ Position _____ Mo. Income _____

Phone # _____ How long at job _____ Reason for leaving _____

Previous Employers Address _____ City _____ State _____

Have you ever been party to an eviction? [] Yes [] No If yes, please explain on back of paper.

Name of bank _____ Branch _____ Type of Account _____

Name of bank _____ Branch _____ Type of Account _____

Personal References

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Names and relations of all other applicants _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____

Received from applicant the non-refundable sum of \$35 dollars to pay for tenant screening service from A.C.B.

FAX TO 770-451-5318 (cover page not necessary)