

Perennial Properties
784 Ponce de Leon Place Ste. 601, Atlanta, Georgia 30306
Phone: (404) 881-6680 Fax: (404) 881-1990

APPLICATION FOR RENTAL

Estimated Move in date _____ Lease Term _____ Apt # _____ Rent _____ Move-in special _____ W/D Rental _____

Full Name _____ Date of Birth _____ S.S. # _____ Marital Status _____

of Occupants & Names of Others _____

Present Address _____ /city _____ /state _____ /zip _____

Phone _____ How long _____ Current Rent \$ _____

e Mail Address _____

Present Landlord _____ Phone _____ Reason for leaving _____

Previous Address _____ How long _____ Previous Landlord _____ Phone _____

Employed by _____ Address _____ Phone _____

Position _____ Supervisor _____ How long _____ Gross mo. income \$ _____

Previous Employer _____ Address _____ Phone _____

Position _____ Supervisor _____ How long _____ Gross mo. income \$ _____

Other Income (explain) _____

Driver's License (State & #) _____ Number of cars _____ Year & Model _____ Plate (State & #) _____

Banking References (Name & Branch)	Phone #	Type of Account	Account #
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Credit References (Name, City & State)	Phone #	Account Type	Account #	Mo. Pmt.	Balance
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Have you ever been evicted or filed for bankruptcy: _____, if so explain (use reverse if necessary) _____

Nearest Relative not living with you (name, address, ph.): _____ Relationship _____

In case Emergency, notify (name, address, ph.): _____

Do you have any recreational vehicles, vans, boats or motorcycles? If so, specify _____

of Pets, Names & Type _____

A non-refundable charge of **\$ 55.00** is required for processing an application, plus an additional **\$35.00** for each additional adult occupant 18 years of age and older. Receipt of \$ _____ from applicant is acknowledged as reservation fee/processing charge. Acceptance of application and any monies deposited herewith are not binding upon Management until application is approved by Management. If approved, said monies shall be applied toward applicant's security deposit. If applicant fails to execute a rental agreement or refuses to occupy premises on agreed upon date, all monies given herewith shall be retained as liquidated damages. If applicant is declined, all monies given herewith, less non-refundable processing charges (noted above), shall be refunded to applicant. Applicant has 72 hours from date of application to cancel move-in to receive a full refund of the Security Deposit less the application fee. Any refunds will be made in 7 to 10 business days.

I certify that the information given herein is complete, true and correct. Management or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employer and creditors and to procure such other information which Management or agent may require to evaluate this application. Any false information will constitute grounds for rejection of application.

Applicant's Signature _____ Date _____

Office Use Only: Date Received _____ Payment Form _____ Approved _____ Comments _____
