

**N. Highland Steel Lofts**  
**240 N. HIGHLAND AVENUE, ATLANTA, GA 30307 (404) 420-8501**

**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, Weight & 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 _____
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