



2231 Faulkner Rd
Atlanta, GA 30324
404 6243870

RENTAL APPLICATION

NAME: _____ CO- TENANT _____

APPLICANT SOCIAL SECURITY: _____ - _____ - _____ D.O.B: _____

NAME & AGE OF OTHER: _____

HOME PHONE: (____) - _____ - _____ MARRIAGE STATUS: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LANDLORD: _____ YRS./MONTHS: _____ PHONE: (____) - _____

PLACE OF EMPLOYMENT: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR: _____ YRS./MONTHS: _____ PHONE: (____) - _____

SALARY: \$ _____ WEEKLY: \$ _____ BI-WEEKLY: \$ _____

PERSONAL REFERENCE

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) - _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) - _____

NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME: (____) - _____ - _____ BUSINESS: (____) - _____ - _____

CREDIT REFERENCE

COMPANY: _____ M-PAYMENT: _____ PHONE: (____) - _____

COMPANY: _____ M-PAYMENT: _____ PHONE: (____) - _____

NAME OF BANK: _____ ACCOUNT #: _____

HAVE YOU EVER BEEN EVICTED IN THE LAST 6 MONTHS TO A YEAR ? YES OR NO _____
IF YES PLEASE EXPLAIN _____

I hereby declare that all the above information to be true, under penalty and agree that my landlord may immediately terminate entered into reliance upon this information given in this application.

SIGNATURE _____ DATE ____/____/____

I HAVE DEPOSITED A \$50.00 APPLICATION FEE WHICH I UNDERSTAND IS NON- REFUNDABLE.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize

HFR MANAGEMENT

and their agents to receive any **CREDIT AND CRIMINAL HISTORY RECORD** information pertaining to me which may be in the files of any credit reporting agency or 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: _____ APT NO: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

The following information is required to insure an accurate match and used for no other purpose.

AT
4557

SEX: _____ RACE: _____ DATE OF BIRTH: _____

----- CUT ON DOTTED LINE -----