

East Atlanta Property Management, LLC

PO Box 955
Loganville, Georgia 30052
770-856-3000 cell 770-787-1044 fax

Rental Application

First Tenant's Name: _____
Date of Birth: _____ Social Security Number: _____
Current Address: _____
City: _____ State: _____
How Long at Current Address: _____ Current Rent: _____ Home/Cell Phone: _____
Landlord's Name: _____ Landlord's Phone: _____
Employer's Name _____ Employer's Phone: _____
Employer's Address: _____ City: _____
Title: _____ Years Employed: _____
Salary/Week: _____ Hourly Rate: _____

Second Tenant's Name: _____
Date of Birth: _____ Social Security Number: _____
Current Address: _____
City: _____ State: _____
How Long at Current Address: _____ Current Rent: _____ Home/Cell Phone: _____
Landlord's Name: _____ Landlord's Phone: _____
Employer's Name _____ Employer's Phone: _____
Employer's Address: _____ City: _____
Title: _____ Years Employed: _____
Salary/Week: _____ Hourly Rate: _____

Names and Ages of all Occupants including Children that are not listed above:

(Note: All legal adults, age 18 and over, must fill out an application and be included in the lease agreement.)

Have you ever not paid your rent when due? _____ Have you ever been evicted? _____

Are you a convicted sexual offender? _____

If you answered yes to either question, please explain: _____

By signing this application, I authorize the verification of the information provided. I agree to provide East Atlanta Property Management, LLC with a government report showing any state or federal criminal history.

I understand and agree that East Atlanta Property Management may terminate any tenancy entered into in reliance upon any misinformation I have provided. In the event that I pay a security deposit to hold a specific property and I elect not to move into this property, the deposit will not be refunded but will be forfeited to East Atlanta Property Management and be considered as Liquidated Damages.

Signature: _____ Date: _____

Signature: _____ Date: _____