Rental Application - Suwanee Place Applicant Information Date of birth: Name: SSN: Phone: Work Phone: Drivers license number / State: License Plate No. / State: **Address** Current Address: City: State: Zip: Own Rent (Please Circle) Monthly Obligation: Dates at address: Landlord Phone: Landlord Name: Previous Address: City: State: Zip: Dates at address: Own Rent (Please Circle) Monthly Obligation: Landlord Phone: Landlord Name: Additional Occupants: (If over 18 years of age please complete separate application) Full Name: Relationship: Full Name: Relationship: Full Name: Relationship: Full Name: Relationship: **Vehicle Information:** Year: Make: Model: Color: Plate No. / State **Employment Information:** How long? Current employer: Employer address: City: State: Zip Code: Position: Hourly Salary (Please circle) Annual income: Supervisor Name: Phone: E-mail: Previous employer: How long? Employer address:

State:

Zip Code:

City:

| Position: | | Hourly Salary (Please circle) | | Annual income: | Annual income: | | |
|---|--------------------------------------|-------------------------------|---------|----------------|----------------|--|--|
| Supervisor Name: | | Phone: | | E-mail: | | | |
| Additional Income (Optional) | | | | | | | |
| Miscellaneous | | | | | | | |
| Pets: | Cat Dog | (Please Circle) | Breed: | | Weight: | | |
| | Cat Dog | (Please Circle) | Breed: | | Weight: | | |
| Pets Other: | Type: | | | | | | |
| List any water filled furniture: | | | | | | | |
| Do You Smoke? | Yes No (Please Circle) | | | | | | |
| Have you ever: | Filed for | bankruptcy: | Yes | No (Please | Circle) | | |
| | Been evicted: Yes No (Please Circle) | | Circle) | | | | |
| | Been sue | d: | Yes | No (Please | Circle) | | |
| | Been con | victed of a crime: | Yes | No (Please | Circle) | | |
| Explain any "yes" above: | | | | | | | |
| Emergency Contact | | | | | | | |
| Name of a person not residing with you: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | ZIP Code: | Phone: | | |
| Relationship: | | | | | | | |
| References | | | | | | | |
| Name: | | Address: | | Phone: | | | |
| | | | | | | | |
| | | | | | | | |
| By signing below, I authorize verification of the information provided in this application from my credit sources, credit bureaus, current and previous landlords, employers and personal references. This permission will survive the expiration of my tenancy. I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. | | | | | | | |
| Signature of applicant: | | | | Date: | | | |
| Signature of co-applicant: | | | | | Date: | | |

| This Section To Be Completed by Property Manager | | | | | |
|--|--------|---------|--|--|--|
| Address of residence: | | Unit #: | | | |
| City: | State: | Zip: | | | |
| Rental Term / Number of Months: | From: | То: | | | |
| Amounts Due Prior to Occupancy: | | | | | |
| Monthly Rent: | | | | | |
| Promotion / Credits: | | | | | |
| Security Deposit: | | | | | |
| Other: | | | | | |
| Total Due: | | | | | |