

APPLICATION FOR OCCUPANCY
 (PLEASE PRINT PLAINLY AND FILL IN ALL BLANK SPACES COMPLETELY)
 EACH CO-RESIDENT MUST SUBMIT SEPARATE APPLICATIONS

APPLICANT _____ DRIVERS LIC. NO. / STATE _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ SEX: MALE FEMALE
Month Day Year

MARITAL STATUS: MARRIED SINGLE

SPOUSES NAME _____ SOCIAL SECURITY NO. _____ DRIVERS LIC. NO. / STATE _____

SPOUSE'S DATE OF BIRTH _____ NUMBER OF PERSONS WHO WILL OCCUPY DUPLEX _____
Month Day Year

OTHER RESIDENTS LIVING WITH YOU

NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____
 NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____
 NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

PET DESCRIPTION _____ WEIGHT _____

RESIDENCE HISTORY FOR LAST TWO YEARS

A. PRESENT ADDRESS _____ TELEPHONE _____ HOW LONG _____
City State Zip CELL PHONE _____

AMT. OF MONTHLY RENT OR MORTGAGE \$ _____ REASON FOR LEAVING _____
 AMT. PAID AS AN INDIVIDUAL \$ _____ LANDLORD'S TELEPHONE # _____
 LANDLORD OR MORTGAGE COMPANY _____ OR MORTGAGE LOAN # _____

B. PREVIOUS ADDRESS _____ HOW LONG _____
City State Zip REASON FOR LEAVING _____
 LANDLORD _____

AMT. OF MONTHLY RENT OR MORTGAGE \$ _____ MORTGAGE LOAN# _____
 PAID AS AN INDIVIDUAL \$ _____ LANDLORD'S TELEPHONE# _____

HEAD OF HOUSEHOLD EMPLOYMENT FOR PAST YEAR (Present Employment on top line)

A. NAME OF COMPANY _____ POSITION _____ HOW LONG _____
 ADDRESS _____
Street Address City State Zip
 MONTHLY GROSS INCOME \$ _____ SUPERVISOR _____ TELEPHONE # _____

B. NAME OF COMPANY _____ POSITION _____ HOW LONG _____
 ADDRESS _____
Street Address City State Zip
 MONTHLY GROSS INCOME \$ _____ SUPERVISOR _____ TELEPHONE # _____

OTHER RESIDENT'S EMPLOYMENT FOR PAST YEARS

A. NAME OF COMPANY _____ POSITION _____ HOW LONG _____
 ADDRESS _____
Street Address City State Zip
 MONTHLY GROSS INCOME \$ _____ SUPERVISOR _____ TELEPHONE # _____

B. NAME OF COMPANY _____ POSITION _____ HOW LONG _____
 ADDRESS _____
Street Address City State Zip
 MONTHLY GROSS INCOME \$ _____ SUPERVISOR _____ TELEPHONE # _____

CURRENT BANK REFERENCES

BANK _____ BRANCH _____ TELEPHONE # _____ HOW LONG _____
 CHECKING ACCT. NO. _____ SAVINGS ACCT. NO. _____

TRANSPORTATION

A. TYPE OF AUTO _____ COLOR _____ TAG NUMBER _____ COUNTY _____ STATE _____
 FINANCED THROUGH _____ ACCT. NO. _____ MO. PAYMENT \$ _____

B. TYPE OF AUTO _____ COLOR _____ TAG NUMBER _____ COUNTY _____ STATE _____
 FINANCED THROUGH _____ ACCT. NO. _____ MO. PAYMENT \$ _____

ADDITIONAL VEHICLES _____
 GIVE DESCRIPTION AND TAG NUMBERS OF ANY TRUCKS, VANS, BOATS, MOTORCYCLES, CAMPERS, COMMERCIAL
 VEHICLES, ETC. YOU OWN _____

IN CASE OF EMERGENCY NOTIFY _____ RELATIONSHIP _____ TELEPHONE # _____

PERSONAL REFERENCE _____ RELATIONSHIP _____ TELEPHONE # _____

NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE
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After initial review of application, applicant submits herewith a non-refundable payment in the amount of \$ 25 for credit check and processing charge. If applicant is not approved, said sum will be retained by management to cover the cost of processing this application. Any false information will constitute grounds for rejection of application. Management or his agent is hereby expressly authorized to verify the accuracy and correctness of the statements contained herein, to communicate with applicant's employers and creditors, and to procure such other information which management or agent may require to evaluate this application. NOTE: Application must be signed before it can be processed by management.

QUESTIONS - PLEASE ANSWER ALL

Yes No Have you ever declared bankruptcy? If so, when _____.

Yes No Have you ever had an eviction filed against you? If so, when _____.

Yes No Have you ever been charged with a felony? If so, when _____.

APPLICANT'S SIGNATURE _____ APPLICANT'S SIGNATURE _____

Mail or fax this application to: Peggy Lyda
 P. O. Box 382
 Hamilton, GA 31811

FAX: 706-628-0128

RENTAL OFFICE COMPLETES THIS SECTION

RESIDENT: _____ DATE: _____
 DUPLEX ADDRESS: _____ RENT AMOUNT _____ RENT BEGINS _____

FIRST MONTHS RENT \$ _____

PRO-RATED RENT \$ _____

SECURITY DEPOSIT \$ _____

PET FEE \$ _____