



# RENTAL APPLICATION

PIEDMONT VILLAS APARTMENTS 200 WINDY HILL ROAD SW MARIETTA, GA 30060

Attach: 1.) non-refundable \$100.00 application fee, 2.) Proof-of-income for last 90 days, 3.) Photo-ID.

## PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	When would you like to move in?		DRIVERS LICENSE # STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT.	<input type="checkbox"/> HOME <input type="checkbox"/> WORK EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PET(S)

NAME	TYPE	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

## VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

## EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

## INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



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Every occupant over the age of 18 MUST fill out AND SIGN a separate application (even if married).

## CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

## EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

## APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, legal and law enforcement agencies, neighbors and any other sources deemed necessary to investigate applicant for CREDIT and CRIMINAL history. Applicant states that he/she has had NO CHARGES OR CONVICTIONS for drugs, sex offenses, or violence.**

**All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.**

X \_\_\_\_\_  
**APPLICANT SIGNATURE** **DATE**

*If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.*

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NOTES:

\_\_\_\_\_

\_\_\_\_\_



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Every occupant over the age of 18 MUST fill out AND SIGN a separate application (even if married).

## Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report will be conducted on you in the course of consideration for residency or employment. Please fill out this form in its entirety. **SIGN and DATE** and return to the company with which you are applying for employment or residency.

\*\*\*\*\*

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other name used in the past: \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(If a valid social security number is not available, please provide your Government Issued Identification Number. Alternative search parameters are used for Government Issued Identification Numbers or ITINs.)*

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Gender \_\_\_\_\_

Race \_\_\_\_\_ Daytime Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ t o \_\_\_\_\_

List any other cities or towns in which you have lived during the past 7 years; include dates. Use additional pages if necessary.  
\_\_\_\_\_

List most recent previous employment details:

Company \_\_\_\_\_ Phone \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Title \_\_\_\_\_

Applicant Consent: I hereby authorize your company or any agent of your company to verify all or part of the information listed above. I consent to the release of information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This authorization shall remain in effect for the length of my residency or employment. I understand I have the right to obtain a free copy of the consumer report if: (1) Any adverse action/decision is made based on the information in the consumer report and (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Applicant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\*

**\*\*\*APPLICANT - DO NOT WRITE BELOW THIS LINE\*\*\***