

B & S PROPERTIES
1643 HIGHWAY 52 ALT, APT A
CHATSWORTH, GA 30705
706-517-8632
RENTAL APPLICATION

FOR OFFICE USE ONLY: LOCATION _____
 RENT: _____ DEPOSIT: _____ DATE TO MOVE IN: _____

FULL NAME: _____ DATE OF BIRTH: _____
 PHONE: _____ SOCIAL SECURITY NUMBER: _____
 NAME OF CO-APPLICANT: _____ RELATIONSHIP: _____
 NAMES/AGES OF ALL OTHER OCCUPANTS: _____
 TOTAL OCCUPANTS: _____ HOW MANY PETS DO YOU OR OTHER OCCUPANTS OWN? _____
 KIND OF PET (BREED/AGE/WEIGHT) _____

CURRENT ADDRESS: _____
 MONTH/YEAR MOVED IN: _____ REASON FOR LEAVING: _____
 OWNER/AGENT: _____ PHONE: _____
 MONTHLY PAYMENT: _____
 (IF WITHIN 3 YRS) PREVIOUS ADDRESS: _____
 MONTH/YEAR MOVED IN: _____ REASON FOR LEAVING: _____
 OWNER/AGENT: _____ PHONE: _____
 MONTHLY PAYMENT: _____

EMPLOYMENT STATUS: _____ FULL TIME _____ PART TIME _____ RETIRED _____ OTHER _____
 CURRENT EMPLOYER: _____ PHONE: _____
 DATES EMPLOYED: _____ TO _____ POSITION: _____
 SUPERVISOR: _____ GROSS MONTHLY INCOME: _____
 PREVIOUS EMPLOYER: _____ PHONE: _____
 DATES EMPLOYED: _____ TO _____ POSITION: _____
 SUPERVISOR: _____

IF THERE ARE OTHER SOURCES OF INCOME YOU WOULD LIKE US TO CONSIDER, PLEASE LIST BELOW:

PLEASE COMPLETE REVERSE SIDE

PLEASE LIST CREDIT REFERENCES

LOCATION	CITY/STATE/BRANCH	ACCT TYPE	PHONE

TOTAL NUMBER OF VEHICLES: _____
 MAKE/MODEL _____ YEAR _____ COLOR _____ TAG _____
 MAKE/MODEL _____ YEAR _____ COLOR _____ TAG _____
 MAKE/MODEL _____ YEAR _____ COLOR _____ TAG _____

HAVE YOU OR CO-APPLICANT EVER:
 BEEN SUED FOR NON-PAYMENT OF RENT? _____ YES _____ NO MONTH/YEAR _____
 BEEN EVICTED OR ASKED TO MOVE OUT? _____ YES _____ NO MONTH/YEAR _____
 BEEN SUED FOR DAMAGE TO RENTAL PROPERTY? _____ YES _____ NO MONTH/YEAR _____
 BROKEN A RENTAL LEASE OR AGREEMENT? _____ YES _____ NO MONTH/YEAR _____
 DECLARED BANKRUPTCY? _____ YES _____ NO MONTH/YEAR _____

HOW DID YOU HEAR ABOUT OUR PROPERTY: _____
 DAY PHONE: _____ EVENING PHONE: _____

IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____
 ADDRESS: _____
 HOME PHONE : _____ EVENING PHONE: _____

PLEASE GIVE ANY ADDITIONAL INFORMATION THAT MIGHT HELP US EVALUATE YOUR APPLICATION:

SIGNATURE: _____ DATE: _____
 NOTES: _____