

Wisteria
P.O. BOX 2796
Calhoun, GA 30703
Office 706-383-9169

Tentative move in date: _____

Property rent amount: _____

RENTAL APPLICATION/REFERENCE CHECK FORM

APPLICANT MUST COMPLETE THIS PORTION OF THE FORM COMPLETELY

SEND \$25.00 CHECK OR MONEY ORDER MADE PAYABLE TO: Wisteria

Property: _____
Applicant's Full Name: _____
Applicant's Home Phone _____ Applicant's Cell Phone _____
Social Security No: _____ Date of Birth: _____

Present Employer _____ Phone No. _____
Address: _____ Monthly Income (gross) _____
Type of Work: _____ Date Employed _____
Supervisor's Name: _____

Spouse's Full Name _____
Social Security No: _____ Date of Birth: _____

Present Employer _____ Phone No. _____
Address: _____ Monthly Income _____
Type of Work: _____ Date Employed _____
Supervisor's Name: _____

Applicant's Present Street Address _____
City _____ State _____ Zipcode _____
Current rent payment _____ Date Moved in _____ Date lease expires _____
Name of Property Owner or Apt. Manager _____
Property Owner or Apt. Manager's Phone No. _____
Why is applicant moving from present residence? _____

Emergency contact _____ relationship _____ Phone number _____

Name(s) and ages of all people who will be living in the property (including minors):

Type, names and ages of any animals that will be staying with you _____
Has applicant or spouse ever been evicted? _____ Ever broken a rent agreement or lease contract? _____
Ever been sued for non-payment of rent, or for damages to rental property? _____
Have you ever declared Bankruptcy? _____ Date _____
Ever been convicted of a felony? _____ When? _____ Describe _____
Will this be your primary residence? _____

ASSETS (Bank Accounts, Stocks, Etc..)	Applicant	Co-Applicant
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
LIABILITIES (including child support, if any)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

The undersigned person(s) hereby certify that all the above statements are true and complete and hereby authorize verification of such information. False information given above shall be grounds for owner's rejection of this application, no-return of deposit(s) and termination of occupancy. Your signature authorizes Canton Management Company to release your credit profiles.

Signature of Applicant _____ Date _____ Spouse's Signature _____ Date _____