

Rental Application
Janice Morris Realty
140 Manau Lane
Waynesboro, GA 30830
(706) 437-8800

Applicant Information

Name:

Date of birth:

SSN:

Phone:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

If prior rental: Name of landlord

Phone:

Number of persons that will be residing in this residence:

Pets: yes / no

Number of vehicles that will be permitted at this residence:

Other Information

HAVE YOU EVER:

Filed Bankruptcy: yes / no

If yes, when?

Been served an eviction notice or been asked to vacate a property you were renting? Yes / no

Willfully or intentionally refused to pay rent when due? Yes / no

If yes, when?

How were you referred to us?

Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Emergency Contact

Name of a person not residing with you:

| | | | |
|---------------|--------|-----------|--------|
| Address: | | | |
| City: | State: | ZIP Code: | Phone: |
| Relationship: | | | |

Co-applicant Information

| | | | |
|------------------------------------|--------------------------|-----------|--|
| Name: | | | |
| Date of birth: | SSN: | Phone: | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Previous address: | | | |
| City: | State: | ZIP Code: | |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? | |

Co-applicant Employment Information

| | | | |
|-------------------|-------------------------------------|----------------|-----------|
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | Annual income: | |

References

| | | |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
| 1. | | |
| 2. | | |
| 3. | | |

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

| | |
|----------------------------|-------|
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |