

Agent: \_\_\_\_\_

**RENTAL APPLICATION FOR  
THE WILSON COMPANY  
APT./ HOUSE PREFERRED \_\_\_\_\_**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ How long have you been employed with them? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Salary \_\_\_\_\_ Have you declared a bankruptcy? \_\_\_\_\_ When? \_\_\_\_\_  
Previous employer \_\_\_\_\_ How long have you been employed with them? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse *OR* Other Occupant \_\_\_\_\_ SS# \_\_\_\_\_

Employed by \_\_\_\_\_ How long have you been employed with them? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Salary \_\_\_\_\_ Have you declared a bankruptcy? \_\_\_\_\_ When? \_\_\_\_\_  
Previous employer \_\_\_\_\_ How long have you been employed with them? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Do you have pets? \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_

Names and ages of persons to occupy residence \_\_\_\_\_  
\_\_\_\_\_

Vehicle #1 Color/Make/Model \_\_\_\_\_ License Tag # \_\_\_\_\_  
Vehicle #2 Color/Make/Model \_\_\_\_\_ License Tag # \_\_\_\_\_  
Other \_\_\_\_\_

How long do you plan to occupy this residence? \_\_\_\_\_  
\*Previous landlord \_\_\_\_\_ For how long? \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Landlord's address \_\_\_\_\_ Phone \_\_\_\_\_  
\*If less than 2 years, previous landlord \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Other credit references (banks, credit cards, etc.)

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Business \_\_\_\_\_ Phone \_\_\_\_\_

Personal references (pastor, friend, relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Closest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, give my permission to The Wilson Company and the owner, \_\_\_\_\_ to verify the above information.

Signatures \_\_\_\_\_ Date \_\_\_\_\_

\*See attachments

**ATTACH COPY OF DRIVER'S LICENSE  
& LAST TWO PAY STUBS**

PO Box 1137 - 244 Jackson Street  
Thomson, GA 30824  
706-595-3216  
706-595-4003 (Fax)



## LANDLORD'S VERIFICATION

### APPLICANT – Complete only the top portion.

Applicant:	Landlord's name:
Co-applicant:	Landlord's address:
Current address:	
Telephone #:	Landlord's phone #:

My signature authorizes verification of my rental history.

Date	Applicant's Signature
	Co-applicant's Signature

### LANDLORD – Please complete all of the following information:

Date of occupancy: _____	Current rent amount: _____
Rent due date: _____	Is rent subsidized? _____
If subsidized, amount: \$ _____	Who pays subsidy? _____
Lease expiration date: _____	
Does rent include utilities or allowances? _____	Amount of utilities or allowances included in rent: \$ _____

### List names and approximate ages of all persons occupying the property:

#### RENTAL HISTORY DURING THE LAST 12 MONTHS:

*(please check one)*

- Always pays by the due date
- Pays within 1-10 days of due date
- Pays over 30 days late
- Generally stays behind schedule

#### CURRENT STATUS OF RENT:

Current?  Behind?

Amount behind: \$ \_\_\_\_\_

Date last paid: \_\_\_\_\_

Next due date: \_\_\_\_\_

#### PERSONAL CONDUCT AS A TENANT AND CARE OF RENTAL PROPERTY:

Excellent  Good  Fair  Poor

If evaluated fair or poor, please comment:

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date Completed