



Property Management
P.O. Box 392801
Snellville, GA 30039

RENTAL APPLICATION

Bus: (678)-408-1237
Fax: (877)-276-1237
www.AbsoluteHomeSource.net

**IF YOU ARE REPRESENTED BY AN AGENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:
A BROKER TO BROKER REFERRAL FEE AGREEMENT MUST BE SUBMITTED BY CO-OPERATING AGENTS**

Application Date: _____ Leasing Agent: _____
Leasing Agent Co: _____ Address: _____
Leasing Agent Contact #: (____) _____ Leasing Agent Fax: (____) _____

RENTAL PROPERTY INFORMATION:

Address: _____ City: _____ St: GA Zip: _____
Your Anticipated Move In Date: _____, 20____ (Maximum Of Two Weeks Beyond The Date Application Is Received In Office)
Rental Rate: \$ _____ Sec. Deposit: \$ _____

Applicant Personal Information:

Applicant Name: _____
DOB: ____/____/19____ Social Sec. #: ____/____/____ Driver's License #: _____
State Issued: _____ Mother's Maiden Name: _____
Home Ph: (____) _____ Cell: (____) _____ Work Ph: (____) _____
Alt. 1: (____) _____ E-mail: _____

Co-Applicant Information:

Co-Applicant Name: _____
DOB: ____/____/19____ Social Sec. #: ____/____/____ Driver's License #: _____
State Issued: _____ Mother's Maiden Name: _____
Home Ph: (____) _____ Cell: (____) _____ Work Ph: (____) _____
Alt. 1: (____) _____ E-mail: _____

Current & Previous Residency Information:

Current Address: _____ City: _____ St: _____ Zip: _____
Length of Residency: _____ Yr(s) Mo(s) Do You: Rent Own Live with Relative(s)
 Mortgage Company Landlord Name: _____ Contact: _____
Address: _____ City: _____ St: GA Zip: _____
Ph: (____) _____ Fax: (____) _____ Alt: (____) _____
Email: _____ Current Monthly Rental Amount: \$ _____

Prior Address: _____ City: _____ St: GA Zip: _____
Length of Residency: _____ Yr(s) Mo(s) From: ____/____/20____ To: ____/____/20____
 Mortgage Company Landlord Name: _____ Contact: _____
Address: _____ City: _____ St: GA Zip: _____
Ph: (____) _____ Fax: (____) _____ Alt: (____) _____
Email: _____ Previous Monthly Amount: \$ _____

Dependant Information:

Name & Ages of Dependents: (LIST ALL PERSONS WHO WILL OCCUPY THE PROPERTY & INCLUDE AGES OF ALL THOSE UNDER AGE 21)

NAME	AGE	SOCIAL SECURITY NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Employment Information:

PROOF OF ALL INCOME MUST BE SUBMITTED TO DETERMINE QUALIFICATION

Applicant's Current Employer: _____ Human Resource Contact Name: _____
Address: _____ City: _____ St: GA Zip: _____
Bus Ph: (____) _____ Human Resource Ext: _____ Bus Fax: (____) _____ Email: _____
Position Held: _____ How Long: _____ Yr(s) Mo(s) Supervisor Name: _____
Supervisor Ph: (____) _____ Ext: _____ Annual (Yearly Gross) Salary: \$ _____

ADDITIONAL INCOME: Child Support \$ _____ How Often: _____
 S.S.I. \$ _____ How Often: _____
 Retirement \$ _____ How Often: _____
 Other \$ _____ How Often: _____

Applicants Previous Employment Information:

Applicant's Previous Employer: _____ Human Resource Contact Name: _____
Address: _____ City: _____ St: GA Zip: _____
Bus Ph: (____) _____ Human Resource Ext: _____ Bus Fax: (____) _____ Email: _____
Position Held: _____ How Long: _____ Yr(s) Mo(s) Supervisor Name: _____
Supervisor Ph: (____) _____ Ext: _____ Annual (Yearly Gross) Salary: \$ _____ (Includes Alimonies, Child Support, Etc.)

Spouse/Co-Applicant Employment Information:

Spouse's Current Employer: _____ Human Resource Contact Name: _____
Address: _____ City: _____ St: GA Zip: _____
Bus Ph: (____) _____ Human Resource Ext: _____ Bus Fax: (____) _____ Email: _____
Position Held: _____ How Long: _____ Yr(s) Mo(s) Supervisor Name: _____
Supervisor Ph: (____) _____ Ext: _____ Annual (Yearly Gross) Salary: \$ _____

ADDITIONAL INCOME: Child Support \$ _____ How Often: _____
 S.S.I. \$ _____ How Often: _____
 Retirement \$ _____ How Often: _____
 Other \$ _____ How Often: _____

Spouse/Co-Applicant Previous Employer:

Spouse's Current Employer: _____ Human Resource Contact Name: _____
Address: _____ City: _____ St: GA Zip: _____
Bus Ph: (____) _____ Human Resource Ext: _____ Bus Fax: (____) _____ Email: _____
Position Held: _____ How Long: _____ Yr(s) Mo(s) Supervisor Name: _____
Supervisor Ph: (____) _____ Ext: _____ Annual (Yearly Gross) Salary: \$ _____ (Includes Alimonies, Child Support, Etc.)

Automobile Information:

Year/Make/Model of Automobile 1: _____ Tag #: _____ State Issued: _____
Year/Make/Model of Automobile 1: _____ Tag #: _____ State Issued: _____
Year/Make/Model of Automobile 1: _____ Tag #: _____ State Issued: _____

References:

Name: _____ Relation: _____ Ph: (____) _____
Name: _____ Relation: _____ Ph: (____) _____
Name: _____ Relation: _____ Ph: (____) _____

General Information:

1. Have You Ever Filed Bankruptcy? Yes No If Yes, When: _____ What Chapter: _____
2. Have You Ever Been Served A Notice? Yes No If Yes, When: _____ Reason: _____
3. Have You Ever Been Evicted? Yes No If Yes, Explain: _____

4. Does anyone who would be occupying the property smoke? Yes No
5. Have you or your spouse ever been convicted of a felony? Yes No
6. What was the charge? _____ What State? _____ What County? _____
7. Why are you moving from your current address: _____
8. How did you hear about us? Friend Co-Worker Book Advertisement TV Commercial Internet: Specify Which Website: _____
9. Do you have a pet/or pets? Yes No House Trained? Yes No

If you answered yes, please complete the following information. Non-Disclosure of pets is a breach of the lease agreement, which will result in forfeiture of all prepaid funds and security deposit and will result in immediate eviction.

- A.) How Many Pets Do You Have? One Two Three Other: _____
- B.) Type of Pet: Dog Cat Bird Fish/Fish Tank Other: _____
- C.) Breed: (1) _____ (2) _____ (3) _____ (4) _____
- D.) Name: (1) _____ (2) _____ (3) _____ (4) _____
- E.) Age & Weight: (1) _____ (2) _____ (3) _____ (4) _____
- F.) Color/Markings: (1) _____ (2) _____ (3) _____ (4) _____
- G.) License #: (1) _____ (2) _____ (3) _____ (4) _____

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Property Management Division

PLEASE HAVE EMPLOYER COMPLETE FORM AND FAX TO: 877-276-1237

EMPLOYMENT VERIFICATION FORM

EMPLOYER INFORMATION:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Human Resource Contact: _____ Ph: (_____) _____ Ext: _____

Fax: (_____) _____ Email: _____

I, _____ authorize Absolute Home Source Team, LLC, Property Management Division and/or the Owners to obtain information on my rental, credit, criminal, employment, source of income, and/or rental history by contacting any references necessary to evaluate my renting risks. I hereby authorize my references to give Absolute Home Source Team, LLC Property Management Division all information requested within this form.

(Applicant Printed Name)

(Applicant Signature)

(Date)

RENTAL PROPERTY ADDRESS APPLICANT HAS APPLIED FOR:

Property Address: _____, _____, GA _____

TO BE COMPLETED BY EMPLOYER

Attention Human Resources:

Please complete the following information below and return within 48 hours of receipt of this document to (877)-276-1237.

1. How long has the above named individual been employed by your company? _____ Yrs. Mo.
2. What is their Gross monthly income? \$ _____ /mo.
3. Is overtime offered to the above named individual? Yes No
4. Does the above stated figure include overtime? Yes No
5. What are their chances of continued Employment? _____
6. Are seasonal layoffs expected? Yes No
7. Is this employee currently on any type of leave of absence? Yes No
8. If so, Is this leave of absence paid or unpaid? Paid Unpaid
9. If employee is currently on leave of absence, What is expected date of return? ____/____/____

ADDITIONAL COMMENTS:

(Employer Printed Name)

(Employer Signature)

(Title)

(Date)

Property Management Division

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LANDLORD VERIFICATION FORM

LANDLORD COMPLETE THIS FORM AND FAX

To Whom It May Concern,

_____ (Applicant and/or Co-Applicant) has applied for occupancy at one of the properties our company manages. Your name was given as a previous/current landlord. We would like your cooperation in determining whether or not the below mentioned individual(s) will meet our qualifying criteria. Please complete the lower portion of this form and return it via fax to Absolute Home Source Team, LLC Property Management Division at (877)-276-1237. Any information you can provide is greatly appreciated and will be kept in strict confidence.

Thank You,
Absolute Home Source Team, LLC
Property Management Division

APPLICANT(S): Please complete this section of the form prior to submitting to previous/current landlord.

Property Address Applying For: _____, _____ GA _____

I, _____ authorize Absolute Home Source Team, LLC, Property Management Division and/or the Owners to obtain information on my rental, credit, criminal, employment, source of income, and/or rental history by contacting any references necessary to evaluate my renting risks. I hereby authorize my references to give Absolute Home Source Team, LLC Property Management Division all information requested within this form.

(Applicant Printed Name)

(Applicant Signature)

(Date)

(Co-Applicant Printed Name)

(Co-Applicant Signature)

(Date)

TO BE COMPLETED BY CURRENT LANDLORD

Current Rental Address: _____

Occupants Named On Lease: _____

1. Is this person a current or former resident? Current Former
2. When did they rent property from you? From: ___/___/___ To: ___/___/___
3. What is/was the Rental Rate? \$_____/per month
4. Were payments made in a timely manner? Yes No
5. Number of times late: _____ 1-15 Days _____ 15-30 Days _____ Over 30 Days
6. How many times have you had to file Eviction on resident? _____
7. Are they currently on a lease with you? Yes No If Yes, Expiration date. ___/___/___
8. Did the resident adhere to the rules, regulations and terms of the lease? Yes No
9. Did resident give proper notice of intent to vacate prior to lease termination? Yes No
10. Were there any damages to property during resident's term of lease? Yes No
11. Would you rent to the resident again? Yes No
12. Are you in any way related to the Resident? Yes No

(Landlord Printed Name)

(Landlord Signature)

(Title)

(Date)

