

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:					
A 11	Citaria CA Zina				
	City: St: GA Zip:				
Your Anticipated Move In Date:, 20	(Maximum Of Two Weeks Beyond The Date Application Is Received In Office) Sec. Deposit: \$				
Rental Rate: \$					
Applicant Personal Information:					
Applicant Name:					
DOB:/Social Sec. #:	// Driver's License #:				
State Issued:	Mother's Maiden Name:				
	Work Ph: ()				
Co-Applicant Information:					
Co-Applicant Name:					
	// 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:				
	1: Rent Own Live with Relative(s)				
	City: CA 7in:				
Ph· () Fav· ()	City: St: <u>GA</u> Zip:				
Email:					
Prior Address:	City: St: <u>GA</u> Zip:				
Length of Residency: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	From://20 To://20				
	Contact:				
	City: St: <u>GA</u> Zip:				
Ph: () Fax: () Email:	Alt: ()				
Liligit.	_ 1 Tevious Monthly Amount. φ				

Dependant Informat	tion:		
Name & Ages of Dependants:	: (LIST ALL PERSONS WHO WILI	L OCCUPY THE PROPERTY & INCLUDE AGES O	F ALL THOSE UNDER AGE 21)
NAME	AGE	SOCIAL SECU	RITY NUMBER
			·
Applicant's Employr	nent Information:		
		E SUBMITTED TO DETERMINE QUALI	FICATION
		Human Resource Contact Name	
		 City:	
		Bus Fax: () Email:	
		Vr(s) Mo(s) Supervisor Name	
		Annual (Yearly Gross) Salary: \$_	
ADDITIONAL INCOME:	Child Support \$	How Often:	
	☐ S.S.I. \$	How Often:	
	Retirement \$	How Often:	
	☐ Other \$	How Often:	
Annlianta Duariana	Ela	a ! !a	
Applicants Previous	Employment Inform	ation:	
Applicant's Previous Employ	er:	Human Resource Contact Nam	e:
		City:	
		Bus Fax: () Email:	_
		Yr(s) Mo(s) Supervisor Name	
		(Yearly Gross) Salary: \$(
Super visor 1 ii. ()		(1early 01035) Sainty: φ(metades Aminomes, emia Support, Lie
Spouse/Co-Applican	t Employment Inforr	nation:	
		Human Resource Contact Name	
		City:	
		Bus Fax: () Email:	
		Tyr(s) Mo(s) Supervisor Name	
Supervisor Ph: ()	Ext:	Annual (Yearly Gross) Salary: \$_	
ADDITIONAL INCOME.	Child Support \$	How Ofton	
ADDITIONAL INCOME:		How Often:	
	П ССТ С		
		How Often:	
	Retirement \$	How Often: How Often: How Often:	

Sp	oouse/Co-Applicant Previou	s Employer:				
Spo	oouse's Current Employer: Human Resource Contact Name:					
	ldress:					
	s Ph: ()Human R					
Pos	sition Held: Ho	ow Long: \Bigcup Yr(s)	☐ Mo(s) Supervisor	Name:		
	pervisor Ph: () Ex	_	_			
Αι	utomobile Information:					
Yea	ar/Make/Model of Automobile 1:		Tag #:	State Issued:		
Yea	ar/Make/Model of Automobile 1:		Tag #:	State Issued:		
Yea	ar/Make/Model of Automobile 1:		Tag #:	State Issued:		
Re	eferences:					
Na	me:	Relation:		Ph: ()		
Na	me:	Relation:		Ph: ()		
Na	me:	Relation:		Ph: ()		
Ge	eneral Information:	-				
1.	Have You Ever Filed Bankruptcy?	☐ Yes ☐ No If Yes	, When:	What Chapter:		
2.	Have You Ever Been Served A Notice	?	, 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 co	nvicted of a felony?	☐ Yes ☐ No			
6.	What was the charge?	What State?	What Co	unty?		
7.	Why are you moving from your curre	nt address:				
8.	How did you hear about us? Frien Which Website:			Commercial Internet: Specify		
9.	Do you have a pet/or pets?	☐ No House	Trained?	No		
	If you answered yes, please complete the will result in forfeiture of all prepaid for	0	_	,		
	A.) How Many Pets Do You Have?	One T	wo 🗌 Three 🗌 O	ther:		
	B.) Type of Pet:	Dog Cat Bird F	ish/Fish Tank 🔲 O	ther:		
	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)		

Do you knov	w of anyone else that is look	ing for rental prop	erty: Yes	☐ No If yes, Ple	ase provide thei	r information belo	ow.
Name(s): _			-	Phone:()		
Cell: (_))		-	Email:			
Name(s): _			-	Phone:()		
Cell: (_)		-	Email:			
Name(s): _			-	Phone:()		
Cell: (_)		-	Email:			
	eason we do not have a rentair waiting list?		neets your spec	ifications at time	of initial applica	tion, would you lil	ke to be
If Yes, How	long would you like to be co	onsidered?	3 Mos	6 Mos	☐ 9 Mos	☐ 12 Mos	
Would you l	like to receive notices, upda	tes, letters and new	sletters by ema	il notification?	☐ YES	□ NO	
If Yes, Pleas	se provide a valid email add	ress:					
Optional E-	mail address;						
D 1 2 -	T						
Kenter's	Insurance:						
interested in			lease place an "	X" in the appropriant contact with you)	ite box below. W		
	Please initial below that y	ou have read, unde	erstand and acc	ept the terms and	conditions of th	is application.	
local and/or contained with credit reports result in the rethat there is a further under even if I am n	I/We declare the foregoin Property Management and their criminal justice agencies (I.E., In this application. I/We further in efforts to maintain approve rejection of this application. As a \$50.00 application Fee for one restand that this fee is non-refunct approved for the property. Seed stamped envelope.	r affiliates to conduct Employment, Rental I ther authorize Absoluted tenants credit work ny false, misleading of e applicant, A\$75.00 and able and is associat Any questions regard	t the necessary v History, Credit l ate Home Source thiness. I/We un or untrue statemo application fee fo ted with the cost	erifications which maderian, and Crimina Team, LLC and the derstand that any dents may be subject or joint applicants and of processing my ap	ay be obtained from the control of t	om the files of any stany/all information ain periodic consument of information may be a like in the consument of the consume	tate, n ner y nd s. I
Applicant Full	l Signature)	(Date)		(Co-Applicant Ful	l Signature)	(Date)	
(Applicant's Fu	ull Printed Name)			(Co-Applicant's F	ull Printed Name)		
	PLE	ASE DO NOT WR	ITE IN THIS I	OX. OFFICE US	SE ONLY.		
	Proposed Rent: \$	Proposed De	eposit: \$		Referral Incentive:	\$	
	Accepted Rent: \$		posit: \$		Move In Special(s):		
	Offered By:			Approved By:			
	Title:			Title:			

Revised: 12/03/2011



P.O. Box 392801 Snellville, GA 30039 O: (678) 408-1237 F: (877) 276-1237

(Employer Printed Name)

Property Management Division

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

EMPLOYMENT VERIFICATION FORM **EMPLOYER INFORMATION:** Company Name: Human Resource Contact: _____ Ph: (____) Ext: ____ 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 Signature) (Applicant Printed Name) RENTAL PROPERTY ADDRESS APPLICANT HAS APPLIED FOR: 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? 2. What is their Gross monthly income? \$ /mo. ☐ No 3. Is overtime offered to the above named individual? ☐ Yes 4. Does the above stated figure include overtime: ☐ Yes □ No 5. What are their chances of continued Employment? ☐ Yes □ No 6. Are seasonal layoffs expected? 7. Is this employee currently on any type of leave of absence? ☐ Yes □ No ☐ Paid 8. If so, Is this leave of absence paid or unpaid? ☐ Unpaid 9. If employee is currently on leave of absence, What is expected date of return? ___/__/___/ **ADDITIONAL COMMENTS:**

(Title)

(Date)

(Employer Signature)

Property Management Division

Absolute Home Source Team P.O. Box 392801 Snellville, GA 30039

Bus: (770)-408-1237

Fax: (877)-276-1237

LANDLORD VERIFICATION FORM

LANDLORD COMPLETE THIS FORM AND FAX

To Who	m It May Concern,						
mentioned in	nages. Your name was given as a previou dividual(s) will meet our qualifying criter Property Management Division at (877)-2	is/current land ia. Please cor	llord. We would li nplete the lower p	ke your cooperation ortion of this form a	n in determining v and return it via fa	ax to Absolute Hom	elow ie Source
	me Source Team, LLC nagement Division						
APPLICAN	NT(S): Please complete this section	of the form	prior to submi	ting to previous/	current landlo	rd.	
Property Ad	dress Applying For:			,	GA		
	aut						
Owners to ob necessary to o	otain information on my rental, credit, crir evaluate my renting risks. I hereby autho information requested within this form.	ninal, employ	ment, source of inc	come, and/or rental	history by contac	ting any references	
(Applicant Prir	nted Name)	(Applicar	nt Signature)		(Da	(Date)	
(Co-Applicant	Printed Name)	(Co-Appl	(Co-Applicant Signature)			(Date)	
	ental Address:						
1.	Is this person a current or former	resident?	☐ Current	☐ Former			
2.	When did they rent property from				To:/_	/	
3.	What is/was the Rental Rate?	•	\$	/per mo	onth		
4.	Were payments made in a timely	manner?	☐ Yes	□ No			
5.	Number of times late:	1-15 Days	15-3	0 Days	Over 30 D	ays	
6.	How many times have you had to	file Eviction	n on resident? _				
7.	Are they currently on a lease with	you?	☐ Yes	☐ No If Yes	s, Expiration d	ate//_	
8.	Did the resident adhere to the rule	es, regulatio	ons and terms of	the lease?	☐ Yes	□ No	
9.	Did resident give proper notice of	intent to va	cate prior to lea	se termination?	☐ Yes	□ No	
	. Were their any damages to prope		esident's term o	of lease?	☐ Yes	□ No	
	. Would you rent to the resident ag		☐ Yes	☐ No			
12.	. Are you in any way related to the	Resident?	☐ Yes	□ No			
				/			
(Landlord Prin	ted Name) (Landlord S	Signature)		(Title)	(Da	te)	



Property Management

Bus: 678-408-1237 Fax: 877-276-1237

E-Mail: javery@absolutehomesource.net

FAX ALL FORMS TO: 877-276-1237

CR1	EDIT CARD AUTI	HORIZATION	FOR PAYMENT	
PLEASE COMPLETE THE F				LIED AS FOLLOWS:
☐ APPLICATION FEES		NDLORD REPAIR R	, ,	☐ DUE/FEES
☐ OTHER:			Date:	
Property Address:		City:	State: G	<u>A</u> Zip:
T				
Tenant(s)		Landlord(s	s)	
Credit Card Information	:			
PLEASE BE ADVISED THAT T IN EXCESS OF \$200.00.	HERE IS A (NON-REFUND CHARGES BELOW \$200.00			
Payment Type: Credit Card Type:	☐ Debit Card ☐ American Express	☐ Discover ☐	☐ Credit Card ☐ MasterCard ☐ Vi	sa
Name as it appears on	Credit Card:			
Street # Where Staten	nent is Sent:			
Visa/MasterCard/Disc	cover Card No:			
American Express Ca	rd No:			
Date of Expiration: _	/ Zip Code:	: ;	3 or 4 Digit Security Cod	e:
(Plus Sur-charge of 5% On Tra	nsactions above \$200.00	Transactions Under \$20	0.00 are assessed a flat-fee o	f \$10.00 per transaction)
Amount Of Purchase	\$	Plus Appli	cable Sur-Charge: \$	
		Total Char	ges To Be Applied: \$	
By signing below I/we do hereby give addition to this amount that there is a				
(Cardholder Printed Name)	(Cardb	older Signature)	(C	Date)
(Cardholder Printed Name)	(Cardh	nolder Signature)		Date)
	<u> </u>	OFFICE USE ONLY	(
Processed By:	Date Processe	d:	Date Cleared:	
Acct#	Merchant ID	#		

Rev. 120111JA