

RENTAL APPLICATION

Sylvan Factory Partners and Gordon Inman Partners

Judy (404) 521-9010 Fax (404) 688-9378 Richard (404) 688-9800 233Mitchell.com

Date _____
Property Address _____ Number _____
Monthly Rent \$ _____ Lease Term _____
Name _____ Birth date _____
Co-Applicant _____ Birth date _____
Home Phone _____ Work Phone _____
Social Security # _____ Co-Ap SS # _____
Use of Space: _____ Type of Business _____

Current & Previous Residence During Past Five Years:

Addresses With Zip Code	From	To	Landlord \Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment During Past Five Years:

Employer	Address	From	To	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present Position _____ Monthly Income \$ _____

Bank Name _____ Checking Amount \$ _____

Bank Name _____ Savings Amount \$ _____

References: _____ Address/Phone _____

Auto: Make / Model / License _____

Drivers License # _____

I Herewith deposit with you, the Lessor, the sum of \$ _____ hand money, to be applied toward the first month's rent of the premises to be leased if application is accepted. in the event that this application is NOT accepted, this deposit minus \$25 dollar credit fee shall be promptly returned to me, the APPLICANT. Should I withdraw this application for any reason, after acceptance by lessor this deposit shall be retained by LESSOR as liquidated damages.

Signed _____ (Applicant) Agent _____