

# APPLICATION FOR RENTAL

## 907 S. Culpepper St. Quitman, GA 31643

**Notice: All adult applicants (18 years or older) must complete a separate application for rental.**

DESIRED MOVE IN DATE			
<b>APPLICANT INFORMATION</b>			
LAST NAME		FIRST NAME	M.I.
			DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ( )	WORK PHONE ( )	EMAIL
<b>CURRENT ADDRESS</b>			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER			
<b>PETS</b>			
NO PETS. No pets are allowed in the Rental Home unless specifically permitted by property owner. If there is evidence of pets having been in the Rental Home without aforementioned permission/addendum, renter will be immediately evicted, asked to vacate the property, and will forfeit all rent amounts paid, along with deposit and additional amount should damages exceed deposit.			
<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE END DATE
2. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
<b>EMERGENCY CONTACT</b>			
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
<b>PERSONAL REFERENCES</b>			
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP

**APPLICATION FOR RENTAL**  
**907 S. Culpepper St.**  
**Quitman, GA 31643**

<b>BACKGROUND INFORMATION</b>		
<b>HAVE YOU EVER:</b>	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>VEHICLE INFORMATION</b>		
<b>1. MAKE &amp; MODEL</b>	<b>YEAR</b>	<b>LICENSE NO. &amp; STATE</b>
<b>2. MAKE &amp; MODEL</b>	<b>YEAR</b>	<b>LICENSE NO. &amp; STATE</b>
<b>OTHER VEHICLES</b>		
<b>OTHER INFORMATION</b>		
<b>HOW DID YOU HEAR ABOUT THIS PROPERTY?</b>		
<b>PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION</b>		
<p>I/we, the undersigned, authorize property owner and authorized representatives to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.</p> <p>Important information about your rights under the Fair Credit reporting Act:</p> <ul style="list-style-type: none"> <li>• You have a right to request disclosure of the nature and scope of the investigation.</li> <li>• You must be told if information in your file has been used against you.</li> <li>• You have a right to know what is in your file, and this disclosure may be free.</li> <li>• You have the right to ask for a credit score (there may be a fee for this service).</li> <li>• You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.</li> </ul>		
_____ (Signed/Applicant)		_____ Date

**Instructions For Submittal:**

- Email  
 Save completed form and email to: Rent@Elyoninc.Com.

- USPS Mail  
 Mail completed form to:  
 Elyon Technologies  
 Attn: Rental Agreement  
 P.O. Box 125  
 Tallahassee, FL 32302-0125