

Whispering Glen Properties LLC

PO Box 725087, Atlanta, GA 31139

770.615.3168 office; 770.615.3167 facsimile; www.idealrealtyco.com

RENTAL APPLICATION

Please email the completed application with a copy of your driver's license and social security card to elisa@idealrealtyco.com or fax to 770.615.3167. A \$30 application fee must be received in order for application to be processed. Thank you.

NAME _____
First Middle Last

CO-APPLICANT _____
First Middle Last

PRESENT ADDRESS _____
Street City State Zip Code

TELEPHONE (____) _____ **DATE OF BIRTH** _____

EMAIL _____

SOCIAL SECURITY NO. _____ **DRIVER'S LIC.#** _____

NAMES AND AGES OF ALL PERSONS TO RESIDE IN DUPLEX

EMPLOYMENT HISTORY (Last Five Years) – USE REVERSE SIDE IF NECESSARY

PRESENT EMPLOYER _____

SUPERVISOR'S NAME _____ **TELEPHONE** (____) _____

ADDRESS _____
Street City State Zip Code

GROSS SALARY _____ **JOB TITLE** _____

DATE EMPLOYED _____

FORMER EMPLOYER _____

TELEPHONE (____) _____

ADDRESS _____
Street City State Zip Code

GROSS SALARY _____ **JOB TITLE** _____ **PERIOD**

EMPLOYED From _____ **To** _____

CO-APPLICANT INFORMATION

SOCIAL SECURITY NO. _____ DRIVERS LIC.# _____

DATE OF BIRTH _____

PRESENT EMPLOYER _____

SUPERVISOR'S NAME _____ TELEPHONE (____) _____

ADDRESS _____
Street City State Zip Code

GROSS SALARY _____ JOB TITLE _____

EMPLOYED From _____ To _____

OTHER INFORMATION

OTHER INCOME (Both Applicants)

AUTOMOBILE Year _____ Make _____ Color _____ License _____

Year _____ Make _____ Color _____ License _____

HOW MANY PETS DO YOU HAVE? _____ WHAT TYPE? _____

DO YOU HAVE A WATERBED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF SO, PLEASE EXPLAIN _____

IN CASE OF EMERGENCY NOTIFY :

Name Relationship

ADDRESS _____
Street City State Zip Code

PHONE _____ REFERRED BY _____

LAST TWO PLACES OF RESIDENCE (MANDATORY)

- | Dates From/To | Address | Landlord/Manager Name & Phone no. |
|---------------|---------|-----------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

CREDIT REFERENCES

NAME	ADDRESS	ACCOUNT NO.	PAYMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECKING

BANK _____ BRANCH _____
ACCOUNT NO. _____

SAVINGS

BANK _____ BRANCH _____
ACCOUNT NO. _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

Applicant agrees that Management shall not be liable for any delay in the date said unit is ready for occupancy. First month rent and security deposit, must be paid by cashiers check or money order prior to move-in. No pets, please.

M.I. DATE _____

Whispering Glen Properties LLC – AGENT FOR OWNER

Applicant (1) _____
date

BY TITLE DATE

Applicant (2) _____
date