



710 First Street N.E. -:- Moultrie, Georgia 31768
Office: (229) 891-2447 -:- Fax (229) 891-2788

APPLICANT: PLEASE PRINT CLEARLY
THE UNDERSIGNED MAKES APPLICATION TO DESIRED ADDRESS
RENT:NAME:

FIRST MI LAST
SS # - - - - - DATE OF BIRTH / / DL #

PHONE (DAY) (EVE) (CELL)

OTHER PROPOSED OCCUPANTS (LIST ALL)

NAME AGE NAME AGE

NAME AGE NAME AGE

NAME AGE NAME AGE

DO YOU HAVE PETS? YES NO IF YES, DESCRIBE (BREED)

WILL YOU HAVE ANY LIQUID FURNITURE? YES NO IF YES, DESCRIBE

RENTAL HISTORY: (WE NEED THE LAST TWO YEARS)

CURRENT ADDRESS:

CITY: STATE: ZIP:

NAME OF OWNER / MANAGER:

THEIR DAY-TIME PHONE NUMBER:

RESIDED THERE FROM: TO MONTHLY RENT: \$

REASON FOR MOVING:

PREVIOUS ADDRESS:

CITY: STATE: ZIP:

NAME OF OWNER / MANAGER:

THEIR DAY-TIME PHONE NUMBER:

RESIDED THERE FROM: TO MONTHLY RENT: \$

REASON FOR MOVING:

PREVIOUS ADDRESS:

CITY: STATE: ZIP:

NAME OF OWNER / MANAGER:

THEIR DAY-TIME PHONE NUMBER:

RESIDED THERE FROM: TO MONTHLY RENT: \$

REASON FOR MOVING:

HAVE YOU EVER BEEN A DEFENDENT IN AN UNLAWFUL DETAINER (EVICTION) LAWSUIT OR DEFAULTED (FAILED TO PERFORM) ANY OBLIGATION OF A RENTAL AGREEMENT OR LEASE?

YES/NO IF YES, PLEASE EXPLAIN:

EMPLOYMENT

CURRENT EMPLOYER:

ADDRESS:

PHONE: GROSS MONTHLY SALARY: \$

POSITION HELD: HOW LONG:

NAME/TITLE OF SUPERVISOR:

NOTIFY IN CASE OF EMERGENCY

NAME ADDRESS RELATIONSHIP

1. _____

BANK NAME MOTHERS MAIDEN NAME

BANK ROUTING # CHECKING ACCT #

AUTO MAKE MODEL YEAR LICENSE # STATE

1. _____

Applicant represents that statements made above are true and correct and hereby authorize verification of employment and income sources and references including, but not limited to, the obtaining of a credit report and agrees to furnish additional references upon request Applicant agrees to hold harmless both DPM and previous and future owners or managers from any liability for providing written or verbal information regarding the quality of tenancy. Applicant understands the application fee is included in the deposit quote. Sign and submit this application by fax, mail, or by delivery to our office.

X
APPLICANT'S SIGNATURE DATE

FOR OFFICE USE ONLY

DATE
RECEIVED: BY

C / MO / CC
\$ AT

CURRENT RESIDENCE:

SPOKE TO:

MOVED IN: MOVED OUT:

RENT:\$ LATE?

NSF'S? RET SEC DEP?

3 DAYS? 30 DAY NOTICE?

ANY PROBLEMS?

RENT TO AGAIN?

REMARKS

PREVIOUS RESIDENCE:

SPOKE TO:

MOVED IN: MOVED OUT:

RENT:\$ LATE?

NSF'S? RET SEC DEP?

3 DAYS? 30 DAY NOTICE?

ANY PROBLEMS?

RENT TO AGAIN?

REMARKS

PREVIOUS RESIDENCE:

SPOKE TO:

MOVED IN: MOVED OUT:

RENT:\$ LATE?

NSF'S? RET SEC DEP?

3 DAYS? 30 DAY NOTICE?

ANY PROBLEMS?

RENT TO AGAIN?

REMARKS

INCOME/EMPLOYMENT

SPOKE TO:

HOW LONG EMPLOYED?

CURRENT POSITION:
PARTIME/FULLTIME? TEMP/REG?

GROSS MONTHLY SALARY?

