



# APPLICATION TO RENT

Please Complete Separate Application for Each Adult Applicant.

www.aagla.org

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*LAST FIRST MIDDLE INIT.*

a/k/a, If Other Than Legal Name: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*Month - Day - Year*

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street Unit # City State ZIP Code*

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid Month: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner/Manager Email Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### 1<sup>st</sup> Previous Address

Address: \_\_\_\_\_  
*Street Unit # City State ZIP Code*

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid Month: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner/Manager Email Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### 2<sup>nd</sup> Previous Address

Address: \_\_\_\_\_  
*STREET UNIT # CITY STATE ZIP CODE*

How Long? From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_ Last Rent Paid Month: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner/Manager Email Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Current Employment**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employment Date - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employment Date - From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

When do you plan to move-in? Date: \_\_\_\_\_, 20\_\_\_\_

**Applicant represents that the statements made are true and correct and authorizes Owner's verification of credit, income and references; and APPLICANT UNDERSTANDS AND AGREES THAT ANY MISREPRESENTATION AND/OR OMISSION IS GROUNDS FOR EVICTION. Applicant agrees to pay for said credit verification. Such payment is a part of the application process and is a charge for the administrative costs of application consideration. ~~If Applicant pays by a personal check which is returned "NSF", applicant shall be liable for the charge on demand.~~ The undersigned makes application to rent housing accommodations designated as follows:**

I hereby apply to rent / lease Apartment No. \_\_\_\_\_ at \_\_\_\_\_

for \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I

further agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of

\$ \_\_\_\_\_.

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(Continued...)

Applicant understands and agrees that investigative consumer report may be made regarding the consumer's character, general reputation, personal characteristics, and mode of living. If applicant wishes to receive a copy of any consumer credit bureau or background reports prepared, please check the following box:  The name and address of the investigative consumer reporting agency that will prepare the report and a summary will be as follows.

Contemporary Information Corp.

3700 Crestwood Pkwy NW #300, Duluth, GA 30096

**Name of Reporting Agency**

**Address of Reporting Agency**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For purposes of credit and rent liability only: LIST ALL ADDITIONAL OCCUPANTS WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.**

If this box is checked there shall be no additional occupant(s).

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Additional Information:**

1. Have you ever had any credit problems?  YES  NO
2. Have you ever had an unlawful detainer filed against you?  YES  NO
3. Have you ever been evicted for non-payment of rent for any other reason?  YES  NO
4. Have you ever filed for bankruptcy?  YES  NO
5. Have you ever been convicted of a felony?  YES  NO
6. Do you have any animals?  YES  NO

If Yes, how many? \_\_\_\_\_ Describe: \_\_\_\_\_

7. Will you be using any water-filled furniture in your residence?  YES  NO

If Yes, do you have insurance coverage?  YES  NO

8. Do you have any musical instruments?  YES  NO

If Yes, what kind? \_\_\_\_\_

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(Continued...)

9. Do you smoke?

YES  NO

Does any other proposed occupant smoke?

YES  NO

10. Is Applicant utilizing a Reusable Tenant Screening Report as defined California Assembly Bill 2559 (2022)?

YES  NO

**If a Reusable Tenant Screening Report is being utilized, then Applicant, under penalty of perjury, hereby affirms that there has not been a material change to the information contained in the Reusable Tenant Screening Report.**

11. Please explain any "YES" answers other than for Item 10. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Banking Information:**

Name of Bank or Credit Union: \_\_\_\_\_ Branch or Address: \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal.: \$ \_\_\_\_\_

Savings #: \_\_\_\_\_ Approx. Bal.: \$ \_\_\_\_\_

Name of Bank or Credit Union: \_\_\_\_\_ Branch or Address: \_\_\_\_\_

Checking #: \_\_\_\_\_ Approx. Bal.: \$ \_\_\_\_\_

Savings #: \_\_\_\_\_ Approx. Bal.: \$ \_\_\_\_\_

Other Sources of income: \_\_\_\_\_

**Credit References (Credit Cards/Car Payments/Other Loans):**

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Address/City: \_\_\_\_\_

Account #: \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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**Emergency Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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**Vehicles (Operable Automobiles including Trucks, Vans, Motorcycles):**

Are you a registered owner?

YES  NO

If NO, who? \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_