

If you have any questions or concerns please contact the office at 706-922-9292.



Office Hours

Monday-Friday: 9am-5pm

CREDIT APPLICATION

Application Fee: Applicant \$25 / Co. Applicant Additional \$15

DATE _____

RENTAL ADDRESS: _____ RENTAL AMOUNT _____

_____ SECURITY DEP. _____

APPLICANT INFORMATION:

NAME _____

FIRST

MIDDLE INT.

LAST

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW LONG _____ DOB _____ MARITAL STATUS _____

SOCIAL SECURITY #: _____ HOME _____ CELL _____

WORK _____ E-MAIL: _____

CO. APPLICANT NAME _____ DOB _____ SOCIAL SECURITY# _____

CELL _____ WORK _____ E-MAIL _____

FAMILY SIZE: ADULTS _____ CHILDREN _____ DOB OF CHILDREN _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

(IMPORTANT!! NO ONE OTHER THAN PERSONS LISTED ARE ALLOWED TO OCCUPY RESIDENCE)

PRESENT LANDLORD _____ PHONE _____

CURRENT MONTHLY RENT _____

EMPLOYMENT:

EMPLOYED BY _____

ADDRESS _____ CITY _____ PHONE _____

APPROXIMATE NET INCOME _____ MONTH/WEEK/HOW LONG _____

CO APPLICANT'S EMPLOYMENT _____

ADDRESS _____ CITY _____ PHONE _____

APPROXIMATE NET INCOME _____ MONTH/WEEK/HOW LONG _____

CREDIT PROBLEMS: YES / NO **BANKRUPTCY:** YES / NO **HOW LONG AGO** _____

PLEASE READ AND SIGN BELOW

I/WE CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE, TRUE & CORRECT. I/WE GIVE LANDLORD/OWNER EXPRESS AUTHORIZATION TO VERIFY THE ACCURACY OF THESE STATEMENTS WITH EMPLOYERS OR ANY OTHER SOURCE OF INFORMATION AS DEEMED NECESSARY TO EVALUATE THIS APPLICANT.

SIGNATURE OF APPLICANT(S): _____ / _____

PLEASE SEND COMPLETED APPLICATION TO:

1105 FURYS LANE ST B

MARTINEZ, GA 30907

FAX: 706-364-0897

EMAIL: REMAXTRUEADVANTAGE@GMAIL.COM