

North Decatur Garden
 Harrell Properties
 Leasing Office
 1400 Church Street
 Decatur, GA 30030

DeSarno
 DATE SENT: _____
 For Office Use Only:

Email:

PROPERTY NAME _____
 APARTMENT NO. _____
 ESTIMATED MOVE-IN DATE _____
 LEASE TERM _____

• APPLICANT •
 NAME _____
LAST FIRST MIDDLE INITIAL
 D.O.B. _____ S.S.# _____
 SINGLE MARRIED DIVORCED
 HOME PHONE (_____) _____

• SPOUSE •
 NAME _____
LAST FIRST MIDDLE INITIAL
 D.O.B. _____ S.S.# _____

• RESIDENT HISTORY •
 APPLICANT PRESENT ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____
 LANDLORD COMPLEX _____ DAYTIME PHONE # (_____) _____ DATE _____ MO. RENT _____
SHOW MORTGAGE CO. NAME AND ACCT. NO. IF BUYING

APPLICANT FORMER ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____
 LANDLORD COMPLEX _____ DAYTIME PHONE # (_____) _____ DATE _____ MO. RENT _____
SHOW MORTGAGE CO. NAME AND ACCT. NO. IF BUYING

SPOUSE IF DIFFERENT _____ APT # _____ CITY _____ STATE _____ ZIP _____
 LANDLORD COMPLEX _____ DAYTIME PHONE # (_____) _____ DATES FROM _____ TO _____ MO. RENT _____
SHOW MORTGAGE CO. NAME AND ACCT. NO. IF BUYING

IF SELF-EMPLOYED ARE YOU A CORPORATION PROPRIETORSHIP PARTNERSHIP OTHER
 TYPE OF BUSINESS _____ YEARS IN BUSINESS _____ BUSINESS LICENSE NO. _____
 COUNTY & STATE _____ CPA OR ACCOUNTANT'S NAME & PHONE _____

• EMPLOYMENT •
 PRESENT EMPLOYER _____ CITY _____ STATE _____ PH # (_____) _____
 POSITION _____ FROM _____ TO _____ MO. INCOME _____ SUPERVISOR _____
 PREVIOUS EMPLOYER _____ CITY _____ STATE _____ PH # (_____) _____
 POSITION _____ FROM _____ TO _____ MO. INCOME _____ SUPERVISOR _____
 SPOUSE
 PRESENT EMPLOYER _____ CITY _____ STATE _____ PH # (_____) _____
 POSITION _____ FROM _____ TO _____ MO. INCOME _____ SUPERVISOR _____

• OTHER INCOME •
 Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder.
 SOURCE _____
 AMOUNT OF \$ _____ PER _____ APPLICANT _____

• BANK REFERENCES •
 BANK _____ ACCT # _____ TYPE _____ BRANCH _____ CITY _____ ST _____
 BANK _____ ACCT # _____ TYPE _____ BRANCH _____ CITY _____ ST _____

• CREDIT REFERENCES •
 CREDITOR _____ ACCOUNT # _____
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• MISC DATA •
 DRIVER'S LICENSE # & STATE _____ AUTO _____ LICENSE NUMBER _____ STATE _____
 SPOUSE
 DRIVER'S LICENSE # & STATE _____ AUTO _____ LICENSE NUMBER _____ STATE _____
 List first and last names of all occupants _____
 Specify Any Recreational Vehicles or Motorcycles _____
 Apt to be occupied _____ Adults _____ Children _____ Children's Names & Ages _____
 Do you have pets? Yes No How Many _____ Type _____ (Pet Requires Deposit and Owner's Consent)
 In Case of Emergency Name _____ Address _____ City _____ State _____ Phone # _____
 Relationship _____

A non-refundable charge of \$ 500* is required for processing this application.
 (Application must be signed by all adults who will occupy apartment before it can be considered by Landlord.)
 Receipt of \$ 500 from applicant acknowledged a reservation/processing charge Acceptance of application and any monies deposited herewith are not binding upon Landlord until application is approved by Landlord.

• SIGNATURE •
 If applicant fails to execute a rental agreement or refuses to occupy premises on agreed upon date, all monies given herewith shall be retained by Landlord as liquidated damages. If applicant is not approved, all monies given herewith, less processing charges, shall be returned to applicant.
 I/We certify that the information given herewith is complete, true and correct. Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my/our employer and creditors, and to procure such other information which landlord or agent may require to evaluate this application. This application must be signed before it can be processed. Any false information will constitute grounds for rejection of application, and may result in all monies being retained by Landlord.

NOTE: Original to Landlord, Copy to Applicant(s) and Copy to Resident's File
 *\$300 becomes Refundable upon Move In

Signature (Applicant) _____ Date _____
 Signature (Applicant) _____ Date _____