

RENTAL APPLICATION

for:

Address of Property

Move in Date

NAME: _____ SS#: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____ PHONE: _____ W: _____

LANDLORDS NAME: _____ PHONE: _____

HOW LONG AT ADDRESS?: _____ AMT. RENT PAID: _____ LEASE LENGTH: _____

HAVE YOU HAD REPORTS OF OR TREATMENTS FOR BED BUGS IN THE LAST 8 MONTHS AT ADDRESS: _____

PARENT: _____ PHONE: _____

EMPLOYER: _____ PHONE: _____

JOB DESCRIPTION: _____ HOW LONG?: _____

MONTHLY INCOME: _____

CAR MAKE/YEAR: _____ LICENSE #: _____

Have you ever been evicted? _____. If yes, please explain _____

How many people will rent together?: _____ Do you or anyone in your group smoke?: _____

Do you have any pets (dogs, cats, fish, birds, rodents, snakes, etc.)? _____ Describe: _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE THE RELEASE OF INFORMATION TO ATOMS PROPERTY IN ORDER TO VERIFY ALL INFORMATION ON THIS APPLICATION. I ALSO AUTHORIZE ATOMS PROPERTY TO OBTAIN MY CONSUMER CREDIT REPORT.

I agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above. Any monies given before entering into a lease agreement shall be applied towards the security deposit when the Landlord and Applicant enter into a lease agreement on above property. These monies will be refunded if Landlord determines this application unacceptable. In the event that the Landlord determines the application to be acceptable and the Applicant does not enter into a lease agreement with the Landlord, all monies given are nonrefundable.

Applicant:

Date

Atoms Property

Return application via email atomsproperty@gmail.com or text a clear photo to (970) 352-3536