Lead Properties Incorporated P.O. Box 1300 Statesboro, GA 30459

Statesboro, GA 30459 Phone: (912) 856-1029

Owner/Landlord/Company:

STATE OF GEORGIA COUNTY OF BULLOCH

Rental Application

application fee: \$50	
Property Address:	Date:
Applicant Information	
Applicant Name:	DOB:
Home Address:	City/State/Zip:
Phone:	Preferred contact method: TEXT CALL EMAIL
E-mail:	
SSN:	Driver's License Number/State:
<u>Co-Applicant Name:</u>	DOB:
Home Address:	City/State/Zip:
Phone:	Preferred contact method: TEXT CALL EMAIL
E-mail:	
SSN:	Driver's License Number/State:
Dependents and Age:	
Residental History	
<u>Current Address:</u>	
Month/Year Moved In:	Rent Amount:
Reason for Leaving:	
Owner/Landlord/Company:	Phone:
Previous Address:	
Month/Year Moved In:	Rent Amount:
Reason for Leaving:	
Owner/Landlord/Company:	Phone:
Additional Previous Address:	
Month/Year Moved In:	Rent Amount:
Reason for Leaving:	

Phone:

Credit History		
Have you declared bankruptcy in the last seven (7) year	rs? YES NO	
If yes, please give date:		
Have you ever been evicted from a rental residence: YES NO		
If yes, please give reason(s) for eviction:		
Have you ever had two or more late rental payments in	the past three (3) years? YES NO	
Have you ever willfully or intentionally refused to pay i	rent when due? YES NO	
If yes, give reason(s):		
Have you ever been turned over to a collection agency?	YES NO	
If yes, please explain:		
Have you ever been convicted of a felony? YES NO		
If yes, what were the charges:		
Employment Information		
Status: Full-time Part-time Student Unemployed		
Current Employer:		
Employer Address:	Supervisor Name:	
City/State/Zip:	Position:	
Dates Employed:	Phone:	
Salary (Monthly):		
Co-Applicant Employer:		
Employer Address:	Supervisor Name:	
City/State/Zip:	Position:	
Dates Employed:	Phone:	
Salary (Monthly):		
If employed by above for less than 18 months, please gi	ive name and phone of previous employer:	
If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) and a person to contact to verify and confirm		

Phone:

Amount:

Source/Contact:

References	
Personal Reference	
Name:	Phone:
Relationship:	
Emergency Contact Name:	
Relationship:	Phone:
Additional Information	
Please give any additional information application:	on that might help Lead Properties Incorporated evaluate this
Where may we reach you to discuss	this application?
Day Phone:	
Evening Phone:	
Properties Incorporated to check m	s true and correct. By signing this form, I hereby authorize Lead by references set forth above. In the event that any of the above is erties Incorporated reserves the right to terminate the lease aid to expenses incurred.
Signature:	Date:
	AUTHORIZATION Release of Information
	redit, tenant history, banking and employment for the purposes of dominium for Lead Properties Incorporated.
Printed Name:	
Signature:	Date: