



For: The Retreat at Marketplace  
 (Name of Housing Complex)

3390 SW Fairburn Road, Atlanta, GA 30331  
 (Address)

Leasing Information		
1. Apartment Size Desired (# of Bdrms & Bath)	2. Move in Date Requested:	3. How did hear about us?

Personal Information		
1. Applicant's Name	Social Security #	Driver's license #:
2. Home Phone #	Work Phone #:	Cell Phone #:
3. Present Street Address	City, State, Zip Code	Monthly Rent Payment & length of stay:
4. Former Street Address	City, State, Zip Code	Monthly Rent Payment & length of stay:
5. What is the Reason for moving from your current residence?		
6. Name and Address of Employer	Business Telephone #	Position/Title & # of Years on the Job
7. Name and address of previous employer (if employed at present position for less than 2 years)	City, State, Zip Code	Business Telephone #

Other Occupants in Household					
Full Name	Relationship	Age	Birth date	Social Security Number	U.S. Citizen
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Pet Information				
1. Do you currently have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how many do you have?		
Name:	Age:	Weight:	Breed	Colors and markings:
Name:	Age:	Weight:	Breed	Colors and markings:
Name:	Age:	Weight:	Breed	Colors and markings:

Picture identification is required upon move in. Proof of vaccinations and pet weight is required from your Veterinary office.

Income Information			
Employment:	Monthly Amount:	Name of Employer:	
Child Support:	Monthly Amount:	Name and Address of Payor:	
Social Security:	Monthly Amount:	Description of benefits:	
Other Source:	Monthly Amount:	Description of other source:	

Screening Questions	
If you answer <b>yes</b> to any question(s) in this section. Please provide detail on lines provided below.	
Have you ever been convicted of a felony or misdemeanor involving a sexual offense, stalking, illegal use or possession of a fire arm, assault, battery, theft, fraud, bad checks, criminal damage to property, trespass, vandalism, possession or sale of drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have an outstanding felony charge that has not yet been settled in a Court of Law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever filed Bankruptcy? If yes, what year was it filed in?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been evicted from another apartment/housing complex before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever left another apartment/housing complex still owing rent or money for damages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been asked to move because of an alleged lease violation of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a legal right to be in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Yes, because I'm a citizen. <input type="checkbox"/> Yes, because I have valid documentation from US Dept of Immigration and Naturalization    or <input type="checkbox"/> No	
Visa Type:	Visa Expiration Date:

Explanation of any questions marked <b>yes</b> in this section:

**Certification/Consent:**

The information provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of income and financial information from my employer and financial references for purpose of income and asset verification related to my/our application for tenancy as well as a criminal background check.

Signature of Applicant

Date



TENANT RELEASE AND CONSENT

I, \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets, credit, and background screening to O'Brien Property Consultants, Inc., for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: credit history, criminal history, personal identify; employment, income and assets; medical or child care allowances. I understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review this file and correct any information that is incorrect.

Please Print:

Name:

First	Middle	Last	(Jr,Sr, III)
-------	--------	------	--------------

Current Address:

Street Address:	City, State, Zip Code
-----------------	-----------------------

Social Security #:

Driver's License # & State:

Date of Birth:

Sex: Male or Female (circle one)

Signature of Applicant

Date



## RENTAL VERIFICATION

TO: \_\_\_\_\_  
(Current landlord)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

RE: \_\_\_\_\_  
(Applicant Name)

The above party is seeking housing in our community. Please fill out the verification form as soon as possible and return via fax to (404) 344-4830. Thank you in advance for your cooperation.

Apt #: \_\_\_\_\_

Move In Date: \_\_\_\_\_

Move Out Date: \_\_\_\_\_

Fulfilled Lease: YES/NO

Proper Notice Given: YES/NO

Any late payments: YES/NO  
How Many: \_\_\_\_\_

Any Lease Violations: YES/NO

Any Damages: YES/NO

Deposits Refunded: YES/NO

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
APPLICATION TAKEN BY

\_\_\_\_\_  
DATE/TIME OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF APPLICANT



**REQUEST FOR VERIFICATION OF EMPLOYMENT**

TO: (Name & address of employer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing community that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project/Owner/Management Agent

**Return Form To (By Fax):**

**The Retreat at Marketplace**  
**3390 SW Fairburn Road**  
**Atlanta, GA 30331**  
**Phone: (404) 344-4830 Fax: (404) 344-6006**

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

**ALL QUESTIONS MUST BE ANSWERED**

**PLEASE USE N/A IF APPROPRIATE**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address & Phone Number

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.