



Rental Application and Information Release Form

ADDRESS OF RESIDENCE FOR WHICH YOU ARE APPLYING:

APPLICANT'S NAME SOCIAL SECURITY #
BIRTHDAY DRIVERS LIC.# STATE PHONE #
PRESENT ADDRESS (Including. City and ZIP)
EMAIL(won't be shared):
CURRENT LANDLORD'S NAME LANDLORD'S PHONE #

ADDRESS WHERE YOU PAY RENT WHAT MONTH & YEAR DID YOU MOVE IN?
HOW MUCH IS YOUR CURRENT/PREVIOUS RENT? \$ HAVE YOU GIVEN A MOVE-OUT NOTICE (Y/N)

PREVIOUS ADDRESS(if less than 12 months at current address) STREET CITY
STATE ZIP PREVIOUS LANDLORD'S NAME PHONE #

APPLICANT'S EMPLOYER EMPLOYER'S ADDRESS
PHONE # LENGTH OF TIME EMPLOYED YRS. MONTHS,
POSITION MONTHLY INCOME \$ ANY ADDITIONAL INCOME \$

NAMES OF ADULTS WHO WILL BE LIVING AT THIS ADDRESS, OTHER THAN APPLICANTS

NAME RELATIONSHIP
NAME RELATIONSHIP
NAME RELATIONSHIP

DO YOU HAVE ANY PETS? IF YES, LIST ALL PETS WITH DESCRIPTIONS

IN CASE OF EMERGENCY CONTACT (ATTACH AN EXTRA SHEET IF MORE THAN ONE CONTACT):

NAME PHONE #
ADDRESS RELATIONSHIP

HAVE YOU EVER GONE THROUGH BANKRUPTCY, BEEN EVICTED, HAD ANY JUDGEMENTS, CREDITORS OR OTHER LEGAL PROCEEDING AGAINST YOU? (Y/N or brief explanation)

A NON-REFUNDABLE APPLICATION FEE OF \$85.00 PER PERSON IS DUE AT THE TIME THIS RENTAL APPLICATION IS FILLED OUT. PAYMENT OF THE APPLICATION FEE DOES NOT GURANTEE OR IMPLY APPROVAL OF THE RENTAL APPLLICATION OR LEASING AGREEMENT.

INFORMATION RELEASE FORM

I/we hereby authorize Atlantic-West Property Company and/or any Credit Information Services to obtain information concerning my past credit, and/or tenant-landlord history now or anytime in the future. I hereby authorize any of the following sources, including but not limited to landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, and/or other credit reporting agencies to release any information to Atlantic-West Group and affiliates or any Credit Information Service concerning my/our past credit and/or tenant-landlord history. I hereby release any of the above sources, their officers, agents, or employees from any liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me/us by reason of compliance with the above mentioned inquiry which may include the answering of specific questions and the giving of any information concerning my/our past records.

APPLICANT'S SIGNATURE

DATE

## INSTRUCTIONS

1. PLEASE FILL OUT THE APPLICATION FORM IN FULL TO THE BEST OF YOUR ABILITY. ATTACH ADDITIONAL PAGES IF NECESSARY. PLEASE PRINT LEGIBLY OR TYPE YOUR INFORMATION – YOU CAN FIND THIS FORM ONLINE AT <http://atlanticwestproperties.com/apply>
2. SIGN THE APPLICATION
3. INCLUDE 3 MOST RECENT PAYCHECK STUBS (OR BANK STATEMENTS IF SELF-EMPLOYED)
4. INCLUDE A COPY OF GOVERNMENT-ISSUED PHOTO ID
5. FAX THE ABOVE ITEMS (INCLUDING THE APPLICATION) TO: **678-669-1968** (or scan and email to: )  
[artiom@atlantic-westgroup.com](mailto:artiom@atlantic-westgroup.com)
6. ONCE YOUR APPLICATION IS RECEIVED YOU WILL BE EMAILED A LINK WHERE YOU'LL BE ABLE TO PAY FOR THE APPLICATION. THE APPLICATION FEE IS \$85. THE APPLICATION FEE IS NON-REFUNDABLE, BUT WE WILL NOT PROCESS APPLICATIONS THAT ARE INCOMPLETE. **ONCE YOUR PAYMENT IS RECEIVED, THE APPLICATION WILL BE FULLY PROCESSED WITHIN 3 BUSINESS DAYS.**
7. IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PROCESS PLEASE EMAIL TO: [artiom@atlantic-westgroup.com](mailto:artiom@atlantic-westgroup.com) OR CALL 404-847-1267