

Real Estate Management Associates

127 South Hill Street · Griffin, GA 30223 · 770-228-0405

Address applying for:	Today's Date:
Date you want to move:	
Name:	Maiden Name (if applicable):
Date of Birth:	Social Security No.:
Email Address:	
How many people will be living here:	Check One: Cell or Work
Name(s) and age(s) of occupants:	
Current Address:	
	City / State / Zip Code
How long at this address: Current rent:	Have you given notice? Yes or No
Landlords Name:	Phone No:
Reason for moving?	(Include Area Code)
Previous Address:	City / State / Zip Code
Previous Landlords Name:	Phone No.:
	(Include Area Code)
Have you ever had an Eviction filed against you? \bigcirc Yes or \bigcirc No	If yes, when?
	Month / Year
Have you ever been convicted of a felony? ○ Yes or ○ No	If yes, when? Month / Year
List 3 references, include phone number & your relationship with the	nem (ex. Friend. Sibling. Coworker, etc.):
1:	((, , , , , , , , , , , , , , , ,
	lationship:
2:	
	lationship:
3:	
	elationship:

Name of Employer:	Supervisor:
Employers Address:	
Phone No: ()	How long employed?
Net Income:	
(Net income is your income after all deducti	ions) (Weekly, Bi-Weekly or Monthly)
How many hours do you work per week:	(Do not include overtime)
Number of Vehicles: T	ype(s):
Make & Model:	Color: Year:
License Plate Number:	State Registered:
Do you have pets? O Yes or No If yes, how	w many?
Type/Breed:	Weight:
**Note – RMA's policy is to not allow	pets inside or outside the property. RMA holds the right to
	eptions on a case by case basis.
undisclosed, incomplete or misleading information herein maresidents and occupants under a lease and/or forfeiture of del understand that this application is preliminary only and doe you to contact any references listed above and to obtain combackground information about me and in order to verify the a or guarantors that may be added to this application may nee By agreeing, I authorize you to obtain subsequent consumer for the collection and recovery of any financial obligations information on co-applicants, other adult household member their inclusion on this application and expressly authorize you report all positive and negative rental payment history to conother creditors.	d information provided in this application are true and complete. I acknowledge that false are constitute grounds for rejection of this application, termination of right of occupancy of a eposits and fees, and may constitute a criminal offense under the laws of this state. It is not bind you to execute a Lease or to deliver possession of the premises to me. I authorize sumer reports, which may include credit, rental payment and/or eviction history and crimin bove information. I understand that as my prospective landlord, any co-applicants, occupanted to consent to and successfully pass consumer background screening reports. I reports, including credit reports, to ensure that I continue to satisfy the terms of my tenancy relating to my tenancy, or for any other permissible purpose. Further, if I have included ears, and/or guarantors on this application, I affirm that those individuals have knowledge of the obtain subsequent consumer reports, including credit reports. I understand that you manually the provided agencies who track this information for landlords, mortgage companies and illity or responsibility all persons and corporations requesting or supplying such information.
Applicant Signature	Date
Applicant's Printed Name	

Falsifying information on the application will automatically result in a disapproval for any of our properties.

 Along with your completed application, you will need to provide your driver's license and current proof of income.
• We require that you make at least 3x the cost of the monthly rent for the property you are applying for in net income each month. If you're paid weekly we need 4 paystubs, if you're paid every 2 weeks we need 2 paystubs, if you're paid monthly we need 1 paystub. If on SSI, we need a copy of your current award letter. You can also provide a copy of 2 bank statements that shows your income.
• There is a \$35.00 non-refundable application fee to be paid by money order or cash, per applicant. Anyone over the age of 18 must submit their own application. Approved applicants must sign the lease as a responsible party.
Both sides of the application must be completed and the application signed.
Before submitting this application, please visit our office between the hours of 9am-4pm Monday-Thursday and 9am-3pm on Fridays to view the home that you are interested in. Your application will not be accepted if you have not viewed the home in-person.
On the following Verification of Rental History form, please only sign and print your name where highlighted. We will contact your past and current landlords for the remaining information.



Real Estate Management Associates

127 South Hill Street · Griffin, GA 30223 · 770-228-0405

Verification of Rental History

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

To:	From:
Fax No./Email:	Fax No./Email:
I hereby authorize you to release the follo	owing information regarding my tenancy to RMA.
Tenant Printed Name	
	Date
Rental history for:	
Property Address:	
Date moved in:	Date moved out:
Monthly Rent: Was rent	t paid on time? Yes or No Number of times late:
What was included in rent?	
No. of persons in family?	Did they follow the rules? Yes or No
Complaints by others (explain)?	
Was rental unit taken care of? Yes or	No
If unit was damaged, what was damaged	d?
Were there any pets? Yes or No	
Overall rating as a tenant (good, fair, po	oor, explain):
Would you rent to them again? Yes or	No
Did they give notice of moving? Yes on	r No Was full security deposit returned? Yes or No
If full security deposit wasn't returned,	why not?
,	
Person providing information:	Date:
Title:	Phone No.:

Page 4



Real Estate Management Associates

127 South Hill Street · Griffin, GA 30223 · 770-228-0405

Verification of Rental History

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

To:	From:
Fax No./Email:	Fax No./Email:
I hereby authorize you to release the follo	owing information regarding my tenancy to RMA.
Tenant Printed Name	
	Date
Rental history for:	
Property Address:	
Date moved in:	Date moved out:
Monthly Rent: Was rent	t paid on time? Yes or No Number of times late:
What was included in rent?	
No. of persons in family?	Did they follow the rules? Yes or No
Complaints by others (explain)?	
Was rental unit taken care of? Yes or	No
If unit was damaged, what was damaged	d?
Were there any pets? Yes or No	
Overall rating as a tenant (good, fair, po	oor, explain):
Would you rent to them again? Yes or	No
Did they give notice of moving? Yes on	r No Was full security deposit returned? Yes or No
If full security deposit wasn't returned,	why not?
,	
Person providing information:	Date:
Title:	Phone No.: