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APPLICATION

PLEASE PRINT – All information must be completed. All information will be verified, so please complete all questions as honestly as possible.

Applicant 1

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License #: _____ State: _____

Applicant 2

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License #: _____ State: _____

Present Address: _____

City: _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location: _____ Phone: () _____

Landlord/Mgr's Name: _____ Alternate Phone: () _____

Why are you leaving? _____ Current Payment: \$ _____

Previous Address (if less than 2 yrs): _____

City: _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location: _____ Phone: () _____

Landlord/Mgr's Name: _____ Alternate Phone: () _____

YOUR EMPLOYMENT INFORMATION

Applicant 1

Employer1: _____

Employment Type (circle one):

W2 1099 Self Employed Other

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Supervisor: _____

Supervisor's Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Must have previous employer if less than two years

Employer2: _____

Employment Type (circle one):

W2 1099 Self Employed Other

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Supervisor: _____

Supervisor's Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Other Income

Alimony: \$ _____

Retirement: \$ _____

Other: _____ Amount: \$ _____

Comments: _____

Applicant 2

Employer1: _____

Employment Type (circle one):

W2 1099 Self Employed Other

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Supervisor: _____

Supervisor's Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Must have previous employer if less than two years

Employer2: _____

Employment Type (circle one):

W2 1099 Self Employed Other

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Supervisor: _____

Supervisor's Phone: _____

Years at Company: _____

Gross Monthly Pay (before deductions) \$ _____

Other Income

Alimony: \$ _____

Retirement: \$ _____

Other: _____ Amount: \$ _____

Comments: _____

CREDIT INFORMATION: – This can include store credit cards, rental stores, car loans, small loans, etc.

Bank _____ Branch _____ Acct#(s) _____ Checking: { } Savings: { } Loan: { }
City _____ State _____ Approx Balance \$ _____ How Long? _____

How much down payment do you have to work with? \$ _____

Source of down payment? Personal Funds Gift Relatives Loan Other _____

Have you ever been evicted? YES NO Have you ever had a repossession? YES Date _____ NO (If Yes, explain below)

Have you ever had a foreclosure? YES Date _____ NO If Yes, explain: _____

Do you have any unpaid student loans? YES NO If Yes, how much is the total? \$ _____ Monthly Payment \$ _____

Is your paycheck currently being garnished? YES NO If Yes, how much? \$ _____ Monthly Payment \$ _____

Have you ever filed for bankruptcy? YES Date _____ NO (If Yes, explain below) If yes, Chapter 7 or Chapter 13

If YES, has the bankruptcy been discharged? YES NO If YES, when discharged? _____

Have you ever been convicted of a crime, other than a traffic violation? YES NO

If you answered YES to any of the above questions, explain: _____

LIST ALL OF YOUR CURRENT MONTHLY OBLIGATIONS BELOW:

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

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Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

Pay To: _____ Total Amount Due: \$ _____ Monthly Payment: \$ _____

PERSONAL REFERENCES – List two persons, other than your relatives, that we may contact to verify your character.

Name _____ Relationship _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

EMERGENCY – In an emergency you may contact (List two, other than spouse/roommate, nearest relatives first)

Name _____ Relationship _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Pets

Do you have pets? Yes No

How Many? _____

List Pets:

Name _____ Type _____ Weight _____ lbs

Name _____ Type _____ Weight _____ lbs

Name _____ Type _____ Weight _____ lbs

Name _____ Type _____ Weight _____ lbs

Describe Pets:

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2(S) OR COPY OF LAST YEAR'S INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION [], OR WILL BE PROVIDED []. I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

Applicant 1

Date

Applicant 1

Date