

HIGHLAND RIDGE APARTMENTS

499 Northside Circle

Atlanta, GA 30309

PH -404-351-6777 Fax-404-351-9108

APPLICATION FOR OCCUPANCY

(PLEASE PRINT PLAINLY AND FILL

IN ALL BLANK SPACES COMPLETELY)

Each Co-Resident Must Submit Separate Applications

Date of Application_____

Expected Move-In Date:_____

Apartment #:_____ Rent per month \$_____

I learned of this property from:_____

Applicant: _____ Male Female

Date of Birth:_____

Daytime Phone # _____ Evening Phone # _____

Social Security #: _____

Marital Status: Single Married

Spouse's Name:_____

Spouse's Social Security #:_____

Spouse's Date of Birth_____

#of Persons occupying apartment: _____ Adult(s) _____ Child(ren)

OTHER RESIDENT'S LIVING WITH YOU

Name:_____ Date Of Birth_____

Relationship:_____

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Name: _____ Date Of Birth _____

Relationship: _____

Name: _____ Date Of Birth _____

Relationship: _____

Name: _____ Date Of Birth _____

Relationship: _____

Pet Description: _____ Weight: _____ photo required

RESIDENCE HISTORY FOR THE LAST TWO YEARS

PRESENT ADDRESS

Present Address _____

_____ How long at current address? _____

Phone#: _____

Landlord/Mortgage Holder: _____

Landlord/Mortgage Holder Phone# _____

Amount of Rent/Mortgage: \$ _____ Paid as Individual: \$ _____

PREVIOUS ADDRESS IF LESS THAN TWO YEARS

Present Address _____

_____ How long at current address? _____

Phone#: _____

Landlord/Mortgage Holder: _____

Landlord/Mortgage Holder Phone# _____

Amount of Rent/Mortgage: \$ _____ Paid as Individual: \$ _____

Loan: _____

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EMPLOYMENT FOR PAST YEAR

PRESENT EMPLOYER

Employer's Name: _____

Work Phone #: _____ How long at current employer? _____

Address: _____

Supervisor's Name: _____

Monthly Gross Income: \$ _____ Title: _____

PRESENT EMPLOYER (Spouse or Co-Applicant)

PRESENT EMPLOYER

Employer's Name: _____

Work Phone #: _____ How long at current employer? _____

Address: _____

Supervisor's Name: _____

Monthly Gross Income: \$ _____ Title: _____

VEHICLE INFORMATION

Driver's License #: _____

Vehicle Make: _____ / Model: _____

License Plate #: _____

2nd Vehicle Make: _____ / Model: _____

2nd Vehicle License Plate #: _____

EMERGENCY CONTACT INFORMATION

Name: _____

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Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

I do hereby give permission for Highland Ridge Apartments and its representatives to obtain criminal, financial, credit, employment and residential history about me from any sources necessary. I do hereby release and hold harmless any person (s) or organizations for the true and accurate information they release. I also do understand the required information that is needed in order for Highland Ridge Apartments to approve my rental application. I understand that if I fail to help provide this information or provide false or misleading information, I will forfeit any fees and holding deposits I have given to Highland Ridge Apartments. Application fees are not refundable for any reason. I understand that I have 72 hours in which to cancel my application and receive a full refund of my holding deposit and Administrative fee unless application has been approved and applicants notified. If I cancel my rental application for any reason other than additional deposit or rejection after this 72-hour time period, I understand and agree that I will forfeit my holding deposit and Administrative Fee.

Applicant

Date

Applicant

Date

Agent Accepting Application

Date