

CAPITAL PROPERTY MANAGEMENT

412 Grassdale Road, Suite B

P.O. Box 2851

Cartersville, GA 30120

Office: 678/651-0804

Fax: 770/334-3100



CAPITAL PROPERTY MANAGEMENT

\$50 Per Person Application Fee

PRIMARY APPLICANT

FIRST NAME _____ MI _____ LAST NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

CURRENT ADDRESS _____
(PLEASE INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE)

HOW MANY YEARS: _____ LANDLORD _____ PHONE # _____

EMPLOYER _____ EMPLOYER PHONE # _____

EMPLOYER ADDRESS _____
(PLEASE INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE)

MONTHLY INCOME \$ _____ SUPERVISOR NAME _____

BANKING BANK NAME _____ BRANCH _____

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

IN CASE OF EMERGENCY CONTACT: _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

SECONDARY APPLICANT

FIRST NAME _____ MI _____ LAST NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

CURRENT ADDRESS _____
(PLEASE INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE)

HOW MANY YEARS: _____ LANDLORD _____ PHONE # _____

EMPLOYER _____ EMPLOYER PHONE # _____

EMPLOYER ADDRESS _____
(PLEASE INCLUDE STREET ADDRESS, CITY, STATE AND ZIP CODE)

MONTHLY INCOME \$ _____ SUPERVISOR NAME _____

BANKING BANK NAME _____ BRANCH _____

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

IN CASE OF EMERGENCY CONTACT: _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

NAME OF ALL OCCUPANTS:

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VEHICLES REGISTERED TO OCCUPANTS:

TYPE	MAKE	YEAR	TAG NUMBER
_____	_____	_____	_____

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____
IF YES, EXPLAIN LANDLORD AND WHY? _____

Were you referred to us? YES _____ NO _____

Whom may we thank? _____

Email Address: _____

I authorize the agent for Owner of this property to verify the above information and obtain a credit report. I understand that when my application is accepted, the accompanying earnest money and/or security deposit will be deposited and is non-refundable, but that if my application is not accepted, my check will be returned uncashed. I certify that there are sufficient funds in my account to cover the earnest money and/or security deposit check which is being tendered with this application.

Primary Applicant Signature

Date

Secondary Applicant Signature

Date

Rental Unit Address