

FORM VALID FOR GEORGIA APARTMENT
ASSOCIATION MEMBERS ONLY
APPLICATION FOR OCCUPANCY

FOR MANAGEMENT USE ONLY:

DATE FORM PRINTED _____
APARTMENT NO. _____
APPLICANT: _____
MOVE-IN DATE REQUESTED: _____
APPLICATION SUBMITTED ON: _____

Property Fax #: (770) 952-1167

Property Phone #: (770) 952-0821

LEASING INFORMATION (TO BE COMPLETED BY MANAGEMENT)

NAME OF APT. COMMUNITY Kenwood Creek APT. NO. or ADDRESS REQUESTED _____
COMMUNITY ADDRESS 2345 Cobb Pkwy, Smyrna, GA 30080
LEASE TERM DESIRED FROM _____ TO _____ DATE OF VISIT TO APTS. _____ MOVE-IN DATE REQUESTED _____
APT. TYPE DESIRED _____ BDRMS. _____ BATHS _____ FLOOR PLAN _____ RENTAL RATE \$ _____ /MO. CONSULTANT _____
HOW DID APPLICANT LEARN ABOUT US? _____ WHICH APT(S) DID APPLICANT VISIT? _____
\$ _____ APPLICATION FEE (for Credit Check) \$ _____ NON-REFUNDABLE FEE (Describe) _____
\$ _____ GOOD FAITH DEPOSIT (Applied to Security Deposit) \$ _____ OTHER SECURITY DEPOSIT (Describe) _____
\$ _____ PET SECURITY DEPOSIT \$ _____ OTHER NON-REFUNDABLE FEE (Describe) _____

Note: Each Person Who Is An Applicant, Guarantor or Co-Signor Must Fully Complete a SEPARATE Application and Meet ALL Rental Qualification Requirements for Employment (Or Source of Income for Paying Rent), Rental History, Credit, and Criminal Background. A Valid Government Issued Photo ID is Required with this Application and at the Time of Move-In. Submitting this application gives Management permission to check Applicant's credit, rental, employment, and criminal history. This form may be used for approving occupancy of any single family home, mobile home, or other living space, and the word "apartment" includes any kind of landlord and tenant or occupancy agreement.

IN ORDER TO BE APPROVED FOR OCCUPANCY, ALL QUESTIONS MUST BE FULLY AND COMPLETELY ANSWERED.

1. PERSONAL INFORMATION

Applicant's Name Arroyo Arandu Birthdate 10 30 2000
Last Name First Middle Jr/Sr/III Mo. Day Year
Social Security OR Individual Tax ID No. 668-10-9834 Driver's License No. 060029550 State Ga Expiration Date 10/30/2028
Telephone # 678-510-3025 Cell Phone # 404-717-6651
Email: Guaver4rrie@yahoo.com
Name of Any Co-Applicant, Co-Signor, or Guarantor Jocelyn Romero What is the Legal Relationship to Co-Applicant, Co-Signor, or Guarantor to Applicant? ☐ Spouse ☐ Parent ☒ Roommate ☐ Employer ☐ Other (Describe): _____
Are You Currently in the U.S. Armed Forces or Reserves? ☐ Yes ☒ No If "Yes," State Your Rank, Service & Duty Station: _____
Have You Ever Gone By Any Other Name? ☐ Yes ☒ No If "Yes," What Names: _____
City/State/Country in Which You Were Born Atlanta, Ga, USA
Father's Name/DOB: Arandu Arroyo Gomez Mother's Maiden Name/DOB: Deysi Romero Ochoa 1/1/1983
What is the Reason for Moving from your current residence? time to live alone, first apartment
I learned of this community from A Resident there who is an Aunt

2. OTHER OCCUPANTS AND PETS OR SERVICE ANIMALS IN HOUSEHOLD

Persons and Pets who are not listed below are NOT authorized to live in the apartment. Unauthorized occupants and pets will be a lease violation.

State All Other Occupants' Names	Ages	Relationship	Social Security or Individual Tax ID No.
1. <u>Jocelyn Romero</u>	<u>20</u>	<u>Roommate/cousin</u>	<u>634-84-2294</u>
2. <u>Deysi Romero</u>	<u>2</u>	<u>Nephew</u>	<u>759-63-2217</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you have pets or service animals? ☐ Yes ☒ No [NOTE: No Deposit is required for Service Animals] Has Pet Ever Bitten or Attacked Anyone? ☐ Yes ☒ No
Weight Of Pet (Approx.) _____ Describe Breed, Age, Type & Size of All Pets or Service Animals _____

3. RENTAL HISTORY

1. APPLICANT'S CURRENT RESIDENCE: Name of Owner and/or Apartment Community: House
Current Address 123 patmell Rd City Marietta State Ga Zip 30060
Monthly Rent Pmt. \$ 1,480 From: 2020 To: still Phone No. _____
2. APPLICANT'S PREVIOUS RESIDENCE: Name of Owner and/or Apartment Community: _____
Previous Address _____ City _____ State _____ Zip _____
Monthly Rent Pmt. \$ _____ From: _____ To: _____ Phone No. _____
Reason for Leaving: _____