

BROADWAY LOFTS

698 MARTIN LUTHER KING
BOX 75
MACON, GA 31201

Credit Application

Page 1 of 2

Telephone 478.741.9393

Fax: 478.745.1306

Full Name _____ Co-Applicant Name _____ Your Date of Birth _____ Co-Applicant DOB _____ Present Address _____ _____ Present Telephone _____ Co-Applicant # _____ Present Monthly Rent _____ How long at this address _____	Your SSN _____ Driver's License # _____ Co. App SSN _____ Drivers License # _____
Other Members of Household Living with you (Full name, Age, SSN) _____ _____ _____	Vehicles: Make, Model, Plate # _____ _____ _____
List any pets and describe (Type, weight, color) _____ _____	Closest Relative (Address,Phone, Relationship) _____ _____ _____
Have you ever been evicted? YES _____ NO _____ Describe circumstances _____ _____	

Present Landlord Name _____ Phone # _____ Present Landlord Address: (Street #, City, State, Zip Code) _____ _____
Previous Address _____ Phone # _____ Previous Landlord Name & Address (Street #, City, State, Zip Code) _____ _____

APPLICATION FORM PAGE 2 OF 2

<u>EMPLOYMENT INFORMATION (YOU)</u>			<u>INCOME</u>
PRESENT EMPLOYER (NAME & ADDRESS)	HOW LONG	TELEPHONE #	_____
PREVIOUS EMPLOYER (NAME & ADDRESS)	HOW LONG	TELEPHONE #	You _____
CO-APPLICANT PRESET EMPLOYER (NAME & ADDRESS)	HOW LONG	TELEPHONE #	CO-APPLICANT _____
CO-APPLICANT PREVIOUS EMPLOYER (NAME & ADDRESS)	HOW LONG	TELEPHONE #	OTHER _____
			<i>TOTAL INCOME</i> _____

THE APPLICANT WARRANTS THAT ALL INFORMATION CONTAINED WITHIN IS TRUE, AND HEREBY AUTHORIZES THE RELEASE OF THIS INFORMATION FOR THE PURPOSE OF A CREDIT CHECK.

APPLICANT SIGNATURE _____ *DATE* _____

CREDIT CHECK RELEASE

WE HEREBY APPLY FOR THE APARTMENT LISTED ABOVE, WITH MY/OUR SIGNATURE BELOW, WE HEREBY AUTHORIZE AND REQUEST ALL CREDIT REPORTING AGENCIES, EMPLOYERS, CREDIT AND PERSONAL INFORMATION RELEASE ALL PERTINENT INFORMATION ABOUT ME/US. A PHOTOCOPY OF THIS SHALL BE VALID AS THE ORIGINAL. I UNDERSTAND THAT CREDIT REPORT (RENTAL HISTORY, ARREST AND/OR CONVICTION RECORDS, RETAIL CREDIT HISTORY, BOUNCED CHECK RECORDS, AND LANDLORD LITIGATION CHECK) SHALL BE HELD AT THE FACILITIES OF CREDIT DATA SERVICES. AGENCY PHONE NUMBER 800-352-7162.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

THE CREDIT CHECK FEE IS \$35.00 PER LESSEE .
THE COST OF THIS CREDIT CHECK IS THE RESPONSIBILITY OF THE APPLICANT. THIS FEE IS NOT REFUNDABLE.