

Rental Application - McCreary Realty Management, Inc.

Property and Dates

Today's Date / /	Property Applied for	Desired move In Date / /
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Applicant Information

Last name	First	Middle	Jr./Sr./III
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Date of Birth	SSN	Driver's Lic	State	Exp
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Cell Phone	Home Phone	Email address
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Name(s) of any co-applicant, co-signor, or guarantor

Co-applicant, co-signor, or guarantor's relation to Applicant: Spouse Roommate Parent Other (describe):

Have you ever gone by any other name(s)? Yes No If yes, what name(s)?

Are you currently in the armed forces or reserves? Yes No If yes, state rank, service and duty station:

Fank Service Duty Station:

Residency History

Current address	Dates: From / / To: / /
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City	State	Zip
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Reason for leaving current address

Rent or own? Rent Own	Rent or Pmt \$	Landlord name	Landlord phone
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Previous address	Dates: From / / To: / /
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City	State	Zip
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Rent or own? Rent Own	Rent or Pmt \$	Landlord name	Landlord phone
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Reason for leaving previous address

Other Occupants

List names of all persons under 18 who will occupy the unit. All applicants 18 or over must complete a separate application.

Name	Age	Relationship	SSN
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Name	Age	Relationship	SSN
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Name	Age	Relationship	SSN
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Name	Age	Relationship	SSN
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Name	Age	Relationship	SSN
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Pets

Do you have pets? Yes No					Email a photo of each pet to App@McCrearyRealty.com . Has pet ever bitten or attacked anyone? Yes No				
Type	Weight	lbs	Breed	Age	7c`cf`				
Type	Weight	lbs	Breed	Age	7c`cf`				
Type	Weight	lbs	Breed	Age	7c`cf`				

Emergency Contact

Name of a family member not residing with you			Relationship	Phone
Address				
City	State	Zip	Email	

Employment Information

Are you currently employed? Yes No				
Current employer		Employment dates: From / / To / /		
Employer address		City	State	Zip
Supervisor	Phone	Position		Monthly gross \$
Previous employer		Employment dates: From / / To / /		
Employer address		City	State	Zip
Supervisor	Phone	Position		Monthly gross \$

Other Income (per month)

Alimony/Child Support	\$	Name and address of payor
Social Security	\$	Description of benefits
Retirement	\$	Name or source of payments
Public Assistance	\$	Name of assistance program
Other	\$	Describe

Automobile

Vehicle 1: Year		Make	Model	
Color	License Tag	State	County	
Vehicle 2: Year		Make	Model	
Color	License Tag	State	County	
Describe any other vehicle, motorcycle, trailer or boat you intend to store or park at the property:				

Banking Reference

Checking Account (Bank Name)

Account Number

Savings Account (Bank Name)

Account Number

Mandatory Screening Questions

1. Have you ever been evicted or a defendant in an eviction action?

Yes

No

2. Is any previous landlord trying to collect money from you?

Yes

No

3. Have you ever filed or been discharged from a bankruptcy, or are you currently under a bankruptcy?

Yes

No

4. Have you ever been convicted of a felony or misdemeanor involving a sexual offense of any kind or sort?

Yes

No

If you answered Yes to any question 1 to 4, describe below

5. Do you have legal right to be in the United States?

Yes, I am a U.S. Citizen

Yes, I have a valid visa

No

If not US citizen please explain / describe below:

The information provided above is complete and correct. I understand that McCreary Realty Management, Inc will rely on the information provided in making a decision to accept, conditionally accept, or deny my rental application. I authorize McCreary Realty Management, Inc and its contractors to obtain my credit report and criminal background report, verify my income and current and past employment, and contact my current and past landlords to verify my rental history. I agree to indemnify and hold harmless McCreary Realty Management, Inc and any parties who provide information to verify this application from all liability, claims and lawsuits with regard to the information provided, regardless of the source and regardless of whether the information provided is negative. I authorize McCreary Realty Management, Inc and its contractors to obtain a consumer credit report and to obtain information on my location and employment in connection with collecting any damages or amounts claimed due under my lease.

Applicant's Signature

Date

Print Applicant's Full Name

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