

Office: 678-981-8300 | Fax: 678-310-2980

Email: KojaCustomerService@gmail.com

RENTAL APPLICATION								
WHAT PROPERTY ARE YOU APPLYING FOR?								
DESIRED MOVE IN DATE:								
APPLICANT INFORMATION								
Name:								
Date of birth:		SSN:		Driver's License #:				
Cell Phone:			Work Phone:					
Email:								
Current address:								
City:		State:		ZIP Code:				
Owned Ren	Rented Monthly payment:			How long?				
Landlord Name:			Landlord Phone:					
Landlord Fax:			Landlord Email:					
Reason for leaving:								
Previous address:								
City:		State:		ZIP Code:				
Owned Re	nted Monthly payme		nt:	How long?				
Landlord Name:			Landlord Phone:					
Landlord Fax:			Landlord Email:					
Reason for leaving:								
EMPLOYMENT INFORMATION								
Current employer:								
Employer address:			How long?					
Supervisor Name:				Occupation:				
Phone: E-mail:				Fax:				

All applicants (18 years or older) must complete a separate application for rental.

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EMPLOYMENT INFORMATION (cont.)							
Hourly Salary	Monthly income	e:	Annual income:				
Previous employer:							
Address:			How long?				
Former Supervisor Name:		Occupation:					
Phone:	E-mail:		Fax:				
Hourly Salary	Monthly income	e:	Annual income:				
Other Income Description:	:		Monthly Income				
Name of a relative not res	iding with you:	I					
Name:		Phone:	hone:				
Address:		Relationship:					
	OTHER O	CCUPANTS					
List names and birthdates of	all applicants 18 years or o	lder					
List names and birthdates of all applicants 18 years or younger							
PETS							
Pets? Yes No		Describe:					

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BACKGROUND INFORMATION					
	Filed for bankruptcy? ☐ Yes ☐ No If yes, when and is it discharged?				
HAVE YOU EVER:	Willingly or intentionally refused to pay rent when due? ☐ Yes ☐ No If yes, please provide explanation.				
	Been evicted from a tenancy or left owing money? If yes, please provide an explanation along with Property address, Property Name, and Landlord Name. Yes No				
	Been convicted of a crime? If yes, please provide type of Offense, County, and State. ☐ Yes ☐ No				
EMERGENCY CONTACT					
1. Name:		Phone:			
Address:		Relationship:			
2. Name:		Phone:			
Address:		Relationship:			
PERSONAL REFERENCES					
1. Name:		Phone:			
Address:		Relationship:			

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PERSONAL REFERENCES (cont.)									
2. Name									
Address:	Rel	Relationship:							
VEHICLE INFORMATION									
Make & Model:	Yea	ar:	License No.	State:					
Make & Model:	Yea	ar:	License No.	State:					
	OTHER INFORM	MATION							
How did you hear about this property?									
Please include any other information you believe would help to evaluate this application:									
CDEDIT DEFENSE									
	CREDIT REFERENCE Balance or Are all								
Description	Type of account	How lor	ıg	payments current					
Bank Name:				\$					
Other Active Credit Ref:				□Yes □ No					
Other Active Credit Ref:				□Yes □ No					
Other Active Credit Ref:				□Yes □ No					



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