



P.O. Box 54917
Atlanta, GA 30308
Office: 404.881.1801
Fax: 404.881.6801
www.boundlessmanagement.com

RENTAL APPLICATION

This application must be accompanied by cash, money order or online payment of application fee: \$50 for up to 2 applicants or \$100 for 3 to 4 applicants. All residents age 18 or older must complete an application. Return the completed and signed application by fax to 404-881-6801 or email to apps@boundlessmanagement.com.

Property Address: Requested Move-in Date:

Number of residents who will occupy the property: Number of residents age 18 or older: Do you have a housing voucher?

Please list any pets that will be at the property at any time. Otherwise no pets will be allowed.

Breed: Age: Weight: lbs Breed: Age: Weight: lbs

Applicant # 1 First Name: Middle: Last:

Date of Birth: Phone #: Email:

Maiden Name: Gender (optional): Male / Female SSN/TIN:

Current Address (Apt #): City/State/Zip

From to present Reason for wanting to leave: Have you given notice?

Landlord Name: Rental Amount: Phone #:

Previous Address (Apt #): City/State/Zip

From to Reason for leaving:

Landlord Name: Rental Amount: Phone #:

Current Employer: Employer Phone #:

Occupation/Title: Monthly Gross Income \$: Years there:

Other Source of Income or Financial support: List any additional employment, child support, unemployment benefits, disability benefits, SSI, EBT/WIC that you want us to consider when reviewing your qualifications.

Type: Verification Phone #: Monthly Amount \$:

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Who do you bank with:

To speed up the process, please include copies of any documents (paychecks, SSI benefits letter, etc) or other information that you feel will help us process your application.

The Landlord requires personal information about you from this application, references you provide, credit report agencies and financial institutions, including income and credit records. Your social security number may be required to correctly locate your credit history. Your signature is your consent to the Landlord obtaining and disclosing this personal information for these purposes and that any information received may be shared with the property Owner.

I certify that all information made in this application is complete, true and accurate to the best of my knowledge.

Date: Applicant #1 Signature:

Rental Application Continued

Please complete one page for each additional Resident age 18 or older.

Property Address _____ Name of Primary Applicant: _____

Applicant # _____ First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Phone #s: _____ Email: _____

Maiden Name: _____ Gender (optional): Male / Female SSN/TIN: _____

Current Address (Apt #): _____ City/State/Zip _____

From _____ to present Reason for wanting to leave: _____ Have you given notice? _____

Landlord Name: _____ Rental Amount: _____ Phone #: _____

Previous Address (Apt #): _____ City/State/Zip _____

From _____ to _____ Reason for leaving: _____

Landlord Name: _____ Rental Amount: _____ Phone #: _____

Current Employer: _____ Employer Phone #: _____

Occupation/Title: _____ Monthly Gross Income \$: _____ Years there: _____

Other Source of Income or Financial support: List any additional employment, child support, unemployment benefits, disability benefits, SSI, EBT/WIC that you want us to consider when reviewing your qualifications.

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I certify that all information made in this application is complete, true and accurate to the best of my knowledge.

Date: _____ Applicant Signature: _____