

APPLICATION FOR APARTMENT

MATHIS MANAGEMENT, INC.
1050 SOUTH LUMPKIN STREET
ATHENS, GA 30605

(706) 353-1905 (PHONE)
(706) 353-1908 (FAX)

DATE _____ NAME _____ HOME PHONE # (____) _____ - _____ CELLULAR#(____) _____ - _____

WORK PHONE # (____) _____ - _____ FAX #(____) _____ - _____ E-MAIL ADDRESS _____

PERMANENT ADDRESS: _____ PHONE #(____) _____ - _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY)

PRESENT ADDRESS: _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY)

MARITAL (please circle) DATE OF BIRTH: _____ / _____ / _____ STUDENT LEVEL: _____ DEPT/MAJOR: _____
STATUS: SINGLE --- MARRIED AGE _____ MONTH / DAY / YEAR

SOCIAL SECURITY # _____ - _____ - _____ CAR: _____ LICENSE PLATE # _____ STATE _____
COLOR ---- YEAR ---- MAKE ---- MODEL

NUMBER OF OCCUPANTS PLANNING TO LIVE IN APT.: _____ ROOMMATE'S NAME: _____ PHONE #(____) _____ - _____

PRESENT LANDLORD: NAME/CO: _____ PHONE #(____) _____ - _____ FAX #(____) _____ - _____

PRESENT ADDRESS: _____ RENTED FROM _____ TO _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY) (MONTH/YEAR) (MONTH/YEAR)

PREVIOUS LANDLORD: NAME/CO: _____ PHONE #(____) _____ - _____ FAX #(____) _____ - _____

PREVIOUS ADDRESS: _____ RENTED FROM _____ TO _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY) (MONTH/YEAR) (MONTH/YEAR)

PREVIOUS LANDLORD: NAME/CO: _____ PHONE #(____) _____ - _____ FAX #(____) _____ - _____

PREVIOUS ADDRESS: _____ RENTED FROM _____ TO _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY) (MONTH/YEAR) (MONTH/YEAR)

EMPLOYMENT: EMPLOYER: _____ YEARS EMPLOYED _____ POSITION: _____ SUPERVISOR: _____

WORK ADDRESS: _____ PHONE # (____) _____ - _____ ALT. PHONE # (____) _____ - _____

PREVIOUS EMPLOYER: _____ YEARS EMPLOYED _____ POSITION: _____ SUPERVISOR: _____

WORK ADDRESS: _____ PHONE # (____) _____ - _____ ALT. PHONE # (____) _____ - _____

IF NOT EMPLOYED FULL-TIME, PLEASE STATE SOURCE OF INCOME (PARENTS, ETC.): _____

IN CASE OF EMERGENCY, CONTACT: (NEAREST RELATIVE)

NAME _____ RELATIONSHIP _____ HOME PHONE #(____) _____ - _____ CELLULAR PHONE # (____) _____ - _____

HOME ADDRESS: _____ WORK ADDRESS: _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY)

EMPLOYER/COMPANY: _____ WORK PHONE # (____) _____ - _____ E-MAIL ADDRESS _____

IF SOMEONE OTHER THAN YOURSELF IS TO BE RESPONSIBLE FOR YOUR RENT AND/OR LEASE, PLEASE LIST:

NAME _____ RELATIONSHIP _____ HOME PHONE # (____) _____ - _____ CELLULAR PHONE # (____) _____ - _____

HOME ADDRESS: _____ WORK ADDRESS: _____
(STREET) (APT.#) (CITY) (STATE) (ZIP) (COUNTRY)

EMPLOYER/COMPANY: _____ WORK PHONE # (____) _____ - _____ E-MAIL ADDRESS _____

CREDIT REFERENCES: (APPLICANT'S OR CO-SIGNER'S) BANK: _____ BANK ADDRESS: _____
(CITY/STATE)

ADDITIONAL CREDIT REFERENCES: (Credit Card, Charge Account, Etc.) _____

PERSONAL REFERENCES: [OTHER THAN PARENTS]

NAME: _____ ADDRESS: _____ HOME PHONE # (____) _____ - _____

WORK / CELL PHONE # (____) _____ - _____

NAME: _____ ADDRESS: _____ HOME PHONE # (____) _____ - _____

WORK / CELL PHONE # (____) _____ - _____

I CERTIFY THAT THE INFORMATION ABOVE IS COMPLETE AND CORRECT. LANDLORD OR HIS AGENT IS AUTHORIZED TO VERIFY THE ACCURACY OF THESE STATEMENTS, TO COMMUNICATE WITH MY EMPLOYERS, CREDITORS, AND REFERENCES, AND TO OBTAIN OTHER INFORMATION WHICH WE MAY REQUIRE TO EVALUATE THIS APPLICATION.

SIGNATURE: _____ **DATE:** _____

NO APARTMENT WILL BE HELD WITHOUT A SIGNED "AGREEMENT TO LEASE" AND ONE MONTH'S RENT. ALL APPLICATIONS ARE REMOVED FROM THE ACTIVE FILE AFTER THREE MONTHS.

LOCATION DESIRED: LYONS APARTMENTS: _____ EFFICIENCY (STUDIO) or 1 BEDROOM (Please Circle)

OTHER: _____

DATE PREFERRED: _____ / _____ / _____ (Month/Day/Year)

LENGTH OF LEASE PREFERRED? _____ EARLIEST ACCEPTABLE DATE: _____ / _____ / _____ (Month/Day/Year)

LATEST ACCEPTABLE DATE: _____ / _____ / _____ (Month/Day/Year)

FOR LYONS APARTMENTS: PREFER NON-SMOKING FLOOR? _____ BED(S) PREFERRED: 1 SINGLE --- 2 SINGLES --- 1 DOUBLE --- NONE
(Please Circle)

LIST ANY FURNITURE NOT NEEDED: _____