



FAX COMPLETED
FORM TO:

866.205.6842

ACTODAY PROPERTIES

Your personal guide to a beautiful new home

Rental Application

Application Fee =\$50

Mail Application Fee in the form of a money order to the following
address:

**ACTODAY PROPERTIES
2870 Peachtree Rd.
Unit 847
Atlanta, GA 30305**

Property Address:

Part A

****Part A Refers to ALL Applicants****

Name: First _____ Middle _____
Last _____

Social Security # _____

Date of Birth: _____

Phone Number: _____

Work Number: _____

Cell Phone Number: _____

Best place to contact: _____

Best time to call: _____ A.M. or P.M.

Date: _____

ACTODAY PROPERTIES



Number of Dependents: _____ **Ages:** _____, _____, _____, _____, _____

Number of Occupants:

List Full Names of everyone, including children who will live with you at least 50% of the time:

1 _____

2 _____

3 _____

4 _____

5 _____

Marital Status: Married Unmarried Separated

Sex: Male Female

Part B

****Part B Only Refers to Business Applicants****

****Please include a copy of a valid drivers license/State I.D and Social Security Card for each occupant over the age of 18.****

Name of Company: _____

Tax ID or Employer Identification Number (EIN): _____

DUNS Number: _____

Mailing Address: _____

Shipping Address: _____

Contact Phone Number: _____

Bank Information

Bank Name _____

Type of Account _____

Account Number _____

Bank Name _____

Type of Account _____

Account Number _____



Part C

*****Part C Only Refers to Section 8 Applicants*****

Voucher Information

How Many Bedrooms is Your Voucher For (circle one): 1 2 3 4 5 6 7

What County is Your Voucher For?: _____

How Long Have You Been on Section 8/ Housing Choice?:

○ **Years (circle one):** 1 2 3 4 5 6 7 8 9 10

○ **Months (circle one):** 1 2 3 4 5 6 7 8 9 10 11

What is the Name of Your Section 8/Housing Choice

Counselor?: _____

What is the Phone Number of Your Section 8/Housing Choice

Counselor?: _____



Part D

****Part D Refers to ALL Applicants****

Present Address:

Time at this address: Years _____ Months _____

Street name: _____

City _____ **State** _____ **Zip** _____

Reason for Moving (Please Explain in Detail):



Previous Address

Time at this address: Years _____ Months _____

Street name: _____

City _____ **State** _____ **Zip** _____

Present Employer

Name of Employer _____

Position _____

Supervisor's Name: _____

Supervisor's Work Number: _____

Time on Job: Years _____ Months _____

Previous Employer

Name of Employer _____

Position _____

Time on Job: Years _____ Months _____



Income

1. Gross Monthly Employment Income (before deductions):

\$ _____

2. Average Monthly Amounts of Other Income (specify sources):

Income Source	\$ Amount
1	
2	
3	
4	
5	

I certify that all of the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application from my sources, current and previous landlord and employers and personal references. If I choose not to move into property listed on application, I understand that my deposit may be forfeited for the whole or dollar amount at the landlord's discretion if proper notice has not been given. I am also aware that if notice is given within 7 days of move in date, that I am allowed a one week extension if I need to change my move in date. If I have been granted an extension and I fail to move in by the extended date, I will forfeit all or part of my deposit. If application is denied, the full deposit amount will be refunded.

Signature of applicant: _____

Date: _____

All applications are to be submitted with a copy of a **valid drivers license**/State I.D and **Social Security Card**. Copies of License or I.D. may also be required prior to signing of lease.

Application Fees are Non-refundable

Please answer all questions completely. Incomplete information may delay processing.

**Have a wonderful day.
Thank You.**