



ECI MANAGEMENT CORPORATION
2700 DELK ROAD / SUITE 100 / MARIETTA, GEORGIA 30067

Date : _____

Time of Day : _____

Apartment No. : _____

Expected Move In : _____

RENTAL APPLICATION

(Please Print)

(if applicant is accepted as a resident, this application is to become a part of the rental agreement)



Applicant's Name _____ Date of Birth _____ Soc. Sec. No. _____

Spouse's Name _____ Date of Birth _____ Soc. Sec. No. _____

Marital Status: Single Married Divorced Separated

Present Address _____ City _____ St. _____ Zip _____ Phone _____ Current Monthly Payment _____

Apartment Name or Mortgage Company _____ Phone _____ How Long _____

Previous Address _____ City _____ St. _____ Zip _____ How Long _____

Employed By _____ Position _____

Address _____ Phone _____

How Long _____ Supervisor's Name _____ Gross Monthly Income _____

Additional Income _____

Previous Employer (if less than 1 year at present job) _____

Supervisor's Name _____ Phone _____

Spouse Employed By _____ Position _____

Address _____ Phone _____

How Long _____ Supervisor's Name _____ Gross Monthly Income _____

Name and Relationship of All Other Persons to Occupy Apartment

(Full Name)	(Relationship)	(Age)
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency Notify (Nearest Relative Not Living With You) Name _____

Address _____ Phone _____

Bank Reference _____ Checking _____ Savings _____ Loan _____

Account Number _____

Current Monthly Obligations (Department Store, Bank Notes, Car Payments, etc.)

Owed To	Account Number	City and State	Balance Due	Monthly Payments
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Personal References

Name _____ Phone _____

Name _____ Phone _____

Do You Have Any Pets? _____ If So, Specify type and weight _____

Auto No. 1 Make _____ Year _____ Tag No. _____ Auto No. 2 Make _____ Year _____ Tag No. _____

Do You Own a Motorcycle, Van, Boat Trailer, Truck or Camper? _____ If So, Specify _____

Have You Been Evicted From An Apartment During The Last Five Years? _____ If So, Give Details on Back _____

How Did You Find Out About Our Apartments? _____

CREDIT APPLICATION FEE

Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or payment of administrative fee. In the event this application is disapproved, this sum will be retained by Management to cover the cost of processing application as furnished by the applicant. This application must be signed before it can be processed by Management. Any false information will constitute grounds for rejection of application.

GOOD FAITH PAYMENTS

I hereby pay \$ _____ to Management as a good faith payment in connection with this rental application. If my application is accepted, I understand this payment can be applied toward payment of my refundable Security Deposit and/or toward payment of my Non-Refundable Administrative Fee which are due prior to taking possession of the apartment. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline my application, then Management will refund this good faith payment to me in full within thirty (30) calendar days. I understand I may cancel this application by written notice within 48 hours of this agreement's execution and receive a full refund of this good faith payment. If I cancel after 48 hours or fail to execute Management's usual rental agreement, or refuse to occupy the premises on the agreed upon date, I understand this payment will be forfeited and thus is non-refundable. I hereby authorize any credit agency, management company, landlord, employer, law enforcement agency, and other similar persons or entities to furnish to ECI Management Corp. any and all information that may be requested regarding my credit, income or residential history. I understand that Management has the right to see my driver's license and verify my social security number.

Applicant : _____ Spouse : _____

RELEASE OF GOOD FAITH PAYMENT :

I authorize Management to release my good faith payment of \$ _____ on Apartment _____ and apply it toward payment of my Security Deposit of \$ _____, and/or toward payment of my Non-Refundable Administrative fee of \$ _____

SIGNATURE : _____ DATE : _____

APARTMENT NO. : _____ RENT AMOUNT : _____ RENT BEGINS : _____