AMBROSE PROPERTIES

960 Oconee Street
Athens, GA 30605

TERMS OF LEASE
Move in date: _____
Amount of Rent: _____
Security Deposit : _____
Pet Fee: _____
Address: _____ Apt# ____

- ❑ **New Rental**
- ❑ **Relet From:**
- ❑ **Roommate With:**

Application Fee: $30.00 Cash or Money Order Only - Required at Time of Submittal … Non-Refundable

PLEASE DO NOT WRITE ABOVE THIS LINE

APPLICANT

Name _____ Age _____ Date of Birth _____
Current Address _____ City / State _____ ZIP_____
Contact Information: Phone _____ Email Address_____
Driver's License # _____ Social Security Number _____
Current Landlord _____ Phone _____ How Long _____
Previous Address _____ City / State _____ ZIP _____
Previous Landlord _____ Phone_____ How Long_____
Current Employer _____ Contact Person _____
Employment Address _____ Phone _____
Position _____Years of Service _____ Monthly Gross Earnings $ _____

SPOUSE

Name _____ Age _____ Date of Birth _____
Contact Information: Phone _____ Email Address _____
Driver's License # _____ Social Security Number _____
Current Employer _____ Contact Person _____
Employment Address _____ Phone _____
Position _____Years of Service _____ Monthly Gross Earnings $ _____

MISCELLANEOUS

How many people will occupy this apartment? _____Adults _____Children _____
Do you have ANY Pets? _____YES _____NO If YES, TYPE _____ Weight _____
Have you filed for bankruptcy? _____YES _____NO If YES, When? _____
Have you been served an eviction notice or been asked to vacate a property you were renting? _____
Where did you hear about us? _____
Online? Referral? Newspaper? Apartment Finder? Other?

In Emergency, Notify _____Relationship _____ Phone_____

DISCLOSURE

I/We, the undersigned, understand that Donna Turner is the Leasing Representative for the Owner / Landlord. The undersigned acknowledges that this notice was received prior to the undersigned receiving a lease.
I/We declare the foregoing information is true and correct and I/We hereby authorize you to conduct an employment and rental verification and credit check and to verify references. I/We understand that the application fee is non-refundable.
You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any phone number associated with your account, including wireless phone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Applicant's Signature: _____ Date: _____

Co-Applicant (Spouse) Signature: _____ Date: _____

Phone: (706) 549-2500 – Facsimile (706) 549-2520