


Pam T Property Management ▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼

P. O. Box 14031 • Savannah, Ga. 31416 • Telephone (912) 692-0038—F: (912)691-0024 - www.PamTProperty.com
Division of Savannah Property Company, Inc. ▶ Pam T. Edwards, President
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Application Fee: \$40.00 non-refundable*

*cash, cashier's check or money order paid prior to processing.

 **Property location:** _____
Paid: _____

How did you find this property? ___ Sign ___ Internet Site? ___ Pennysaver ___ Friend ___

PLEASE PRINT

APPLICANT NAME: _____ DOB: / / SSN: - -

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MONTHLY RENT: _____ LENGTH OF RESIDENCE: _____ LEASE EXPIRATION: _____

LANDLORD'S NAME: _____ TELEPHONE NUMBER: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REASON FOR LEAVING: _____ MONTHLY RENT: _____ LENGTH OF RESIDENCE: _____

Were you refunded your full security deposit? YES NO

CURRENT EMPLOYER: _____ SUPERVISOR: _____

LENGTH OF EMPLOYMENT: _____ POSITION HELD: _____ WORK NUMBER: _____

MONTHLY SALARY: _____ OTHER INCOME: _____

PREVIOUS EMPLOYER: _____ SUPERVISOR: _____

LENGTH OF EMPLOYMENT: _____ POSITION HELD: _____ WORK NUMBER: _____

VEHICLE INFORMATION: _____

1. YEAR/MAKE/MODEL: _____ STATE ISSUED: _____

TAG NUMBER: _____ COLOR: _____

HAVE YOU EVER FILED BANKRUPTCY? YES NO IF YES, WHAT CHAPTER? _____

HAVE YOU EVER BEEN SERVED AN EVICTION NOTICE OR ASKED TO VACATE PROPERTY? YES NO

HAVE YOU WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES NO

EMERGENCY CONTACT: NAME: _____ TELEPHONE #: _____

ADDRESS: _____ RELATIONSHIP: _____

Total number of people that will be residing at this address: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

TOTAL NUMBER OF PETS AND WHAT KIND: _____ DOG _____ CAT _____ BIRD _____ RABBIT _____

CO-APPLICANT NAME: _____ DOB: / / SSN: _____ - _____ - _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MONTHLY RENT: _____ LENGTH OF RESIDENCE: _____ LEASE EXPIRATION: _____

LANDLORD'S NAME: _____ TELEPHONE NUMBER: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REASON FOR LEAVING: _____ MONTHLY RENT: _____ LENGTH OF RESIDENCE: _____

CURRENT EMPLOYER: _____ SUPERVISOR: _____

LENGTH OF EMPLOYMENT: _____ POSITION HELD: _____ WORK NUMBER: _____

MONTHLY SALARY: _____ OTHER INCOME: _____

PREVIOUS EMPLOYER: _____ SUPERVISOR: _____

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ADDRESS: _____ RELATIONSHIP: _____

DISCLOSURE

IT IS UNDERSTOOD THAT THIS APPLICATION IS SUBJECT TO ACCEPTANCE OR REJECTION BY THE OWNER OR HIS/HER AGENT AT THEIR DISCRETION AND THAT THIS INSTRUMENT IS NEITHER A LEASE NOR AN AGREEMENT ON THE PART OF THE OWNER OR HIS/HER AGENT (S) TO ENTER INTO A LEASE. I/WE DECLARE THE FORGOING INFORMATION IS TRUE AND CORRECT, AND I/WE HEREBY AUTHORIZE YOU TO CONDUCT AN EMPLOYMENT AND CREDIT CHECK, TO VERIFY OUR REFERENCES, CHECK CRIMINAL HISTORY (IF ANY) AND VERIFY RENTAL HISTORY.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____