



PRECISION PROPERTY GROUP LLC.

RESIDENTIAL APPLICATION

\$25.00 APPLICATION FEE (PER 18+ RESIDENT)

Applicant Information

Name:	SSN:	Date:
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Date of Birth:	Home Phone:	Cell Phone:
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Current Address

City:	State:	Zip:	Landlord Name:	Phone Number:
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OWN / RENT (Please Circle)	Monthly Payment or Rent:	How long have you been a Resident:
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Previous Address:

Current Address

City:	State:	Zip:	Landlord Name:	Phone Number:
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OWN / RENT (Please Circle)	Monthly Payment or Rent:	How long have you been a Resident:
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EMPLOYMENT INFORMATION

Current Employer

Employer Address:	How Long:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position :	Hourly / Salary (Please Circle)	Annual Income:
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City:	State:	Zip Code:
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Previous Employer:

Employer Address:	How Long:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position	Hourly / Salary (Please Circle)	Annual Income:
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City:	State:	Zip Code:
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Name a Relative NOT residing with you :

Current Address

City:	State:	Zip:	Relationship	Phone Number:
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**Co-Applicant Information
(Co-Signers)**

Name:	SSN:	Date:
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Date of Birth:	Home Phone:	Cell Phone:
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Current Address

City:	State:	Zip:	Landlord Name:	Phone Number:
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OWN / RENT (Please Circle)	Monthly Payment or Rent:	How long have you been a Resident:
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Previous Address:

Current Address

City:	State:	Zip:	Landlord Name:	Phone Number:
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OWN / RENT (Please Circle)	Monthly Payment or Rent:	How long have you been a Resident:
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EMPLOYMENT INFORMATION

Current Employer

Employer Address:	How Long:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position :	Hourly / Salary (Please Circle)	Annual Income:
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City:	State:	Zip Code:
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Previous Employer:

Employer Address:	How Long:
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position	Hourly / Salary (Please Circle)	Annual Income:
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City:	State:	Zip Code:
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Name a Relative NOT residing with you :

Current Address

City:	State:	Zip:	Relationship	Phone Number:
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LIST ALL PEOPLE TO RESIDE AT PROPERTY			
NAME:	SSN	AGE	RELATIONSHIP

VEHICLES TO RESIDE AT PROPERTY			
MODEL	MAKE	TAG#	VIN #

BANKING INFORMATION		
BANKING INSTITUTION	ACCOUNT #	DAILY AVERAGE AMOUNT

Other Assets or Sources of Income	Amount Per Month or Value

I Authorize Precision Property Group LLC, to verify the information provided on this form as to my credit and employment history up to and including gathering information from all three (3) major credit bureaus.

Signature of Applicant	Date
Signature of Co-applicant, if for joint Account	Date

PRECISION PROPERTY GROUP LLC
1485 RALDPH DAVID ABERNATHY BLVD SW
ATLANTA, GA 30310
PHONE: 404-963-5827
FAX: 404-968-9413
EMAIL: bcofield@precisionpropertygrp.com

RENTAL VERIFICATION FORM

Dear Applicant and Landlord,

Please complete Rental Verification form in its entirety. This form is to verify Applicant rental history as your tenant and/or resident. Please fax and/or email back as soon as possible.

Date: _____

FOR APPLICANT TO COMPLETE:

Landlord Name: _____

Property Address: _____

Landlord Phone: _____ Landlord Fax: _____

Tenant Name: _____

Tenant Address: _____

Tenant SSN# (Last 4 digits): _____ Tenant DOB: _____

FOR LANDLORD TO COMPLETE:

Lease Terms: _____ to _____ Monthly Rental Amount: \$_____

Did Tenant give proper notice to vacate premises: Yes No

If No, Please Comment: _____

How many times late: _____ Any NSF or Warrant filed Yes No How Many: _____

Have you had any problems with the Tenant of any kind? _____

How would you judge the Tenants housekeeping? Excellent Good Poor

Landlord Signature: _____

Print Name: _____

Title: _____

Contact Number: _____

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EMPLOYMENT VERIFICATION FORM

Dear Applicant and Employer,

Please complete Employment Verification form in its entirety. This form is to verify Applicant employment with your Company. Please fax and/or email back as soon as possible.

Date: _____

FOR APPLICANT TO COMPLETE:

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Employee Name: _____

Employee Address: _____

Employee SSN# (Last 4 digits): _____ Employee DOB: _____

FOR EMPLOYER TO COMPLETE:

Date of Hire: _____ Hourly Wages: _____ Overtime: Yes No How many hours per week
O/T: _____ Full-time Part-time

Position Held: _____

Signature of Employer: _____

Print Name: _____

Title: _____

Contact Number: _____

Resident Contact Reference Sheet

1. Name: _____.
Relation: _____.
Address: _____.
Phone: _____.

2. Name: _____.
Relation: _____.
Address: _____.
Phone: _____.

3. Name: _____.
Relation: _____.
Address: _____.
Phone: _____.

4. Name: _____.
Relation: _____.
Address: _____.
Phone: _____.

5. Name: _____.
Relation: _____.
Address: _____.
Phone: _____.