

Return this form with a \$45.00 check or money order as a nonrefundable application fee. You should not submit your Security Deposit until your application has been approved. Security Deposits are only refundable for a period of three days, after which time the deposit cannot be returned. If the lease date is to begin within ten (10) working days of this application being submitted, all payments (deposit and 1st month's rent) must be in the form of a cashiers check or money order. No personal or company checks will be accepted.



3170 Skinner Mill Rd
 Augusta, Ga 30909
 (706) 733-9848
 (706) 733-9487 Fax
Rental Application

Date _____ Applying for: 1 bdrm apt. 2 bdrm apt. - Leasing term 6 mo. 12 mo.

Name _____ Desired move in date _____

Date of Birth _____ Social Security Number _____

Current address _____

City, State, Zip code _____ Telephone () _____ - _____

When did you move to your present address? Month _____ Year _____

Landlord's name _____ Telephone () _____ - _____

Prior address _____

How long did you live at this prior address? _____

Prior Landlord's name _____ Telephone () _____ - _____

Criminal Record? No Yes - What Charge? _____

How many people will occupy apartment? Adults _____ Children _____ **No pets**

Print the names of all people who will occupy the apartment: All adults are required to sign this application.

_____, _____, _____
 (Information is verified on all adults. Therefore, Social Security numbers are needed for those individuals)

Number of motor vehicles owned _____ Driver's license number&state _____

License plate state and tag numbers _____ Year, make&color _____

In Case of Emergency-Woodwinds may contact _____ Telephone() _____, _____

Employer _____ Dept& Position _____ Monthly salary _____

How long have you held this job? _____ Supervisors name _____

Employment address _____ Telephone () _____ - _____

Bank Reference _____ Branch _____

Where did you hear about Woodwinds? Referral Newspaper
 Other _____ Internet site _____

 I/we certify that the information given herein is complete, true and correct. I/we authorize Woodwinds apartments to verify the accuracy and correctness of these statements, to communicate with my/our employers, creditors, law enforcement agencies, or other reporting agencies to procure such other information which Woodwinds apartments may require to evaluate this application. Woodwinds Apartments may obtain a copy of my credit report, or criminal background report from any company or agency which may provide such service.

FAX – EMAIL: A faxed, or emailed copy of a signature of a party, shall constitute an original signature binding upon that party. Any party sending a fax, or emailed copy, shall send an original copy of this application if so requested by the other party. Application sent by fax, or email, shall be deemed to be given and received as of the date and time it is transmitted provided that the sending fax produces a written confirmation showing the correct date and time of the transmission and the telephone number referenced herein to which the notice should have been sent. All fax or emailed transmissions sent to the Woodwinds office shall be sent to the following : Landlord fax number 706-733-9487 Landlord email – ResidentManager@WoodwindsApts.com

Signature _____

Signature _____

Visit us at **WOODWINDSAPTS.COM**