

Return this form with a \$35.00 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.



Apt #
APP.
DEP.
M.I.

3170 Skinner Mill Rd • Augusta, Ga 30909
Phone(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 ALLOWED**

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
 Apartment Guide Yellow Pages
 Other _____ Internet

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.

Signature _____

Signature _____

Visit us at WOODWINDSAPTS.COM