

Application to Lease

~~A \$15 non-refundable application fee is required for each household application. This fee is applied towards the first month rent if the applicant is accepted.~~

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated. Incomplete applications may not be considered.

PERSONAL

APPLICANT _____
 BIRTH DATE: _____ SS# _____ DRIVERS LICENSE State Issued by _____ # _____
 MAIDEN OR OTHER NAMES USED: _____
 PHONE: (____) _____ - _____ EMAIL: _____ @ _____ Do you smoke? ☐ Yes ☐ No

ADDRESSES

Present
 Address _____ City _____ State _____ Zip _____
 From _____ Rent Amount _____ Daytime Phone (____) _____ Eve (____) _____
 Landlord _____ Phone (____) _____
 Address where rent is paid _____ City _____ State _____ Zip _____
 Is rent up to date? ☐ Yes ☐ No Have you given notice? ☐ Yes ☐ No Have you been asked to leave? ☐ Yes ☐ No
 Reason for leaving _____

Previous
 Address _____ City _____ State _____ Zip _____
 From _____ To _____ Rent Amount _____ Daytime Phone (____) _____ Eve (____) _____
 Landlord _____ Phone (____) _____
 Address where rent was paid _____ City _____ State _____ Zip _____
 Was rent up to date? ☐ Yes ☐ No Did you give notice? ☐ Yes ☐ No Were you asked to leave? ☐ Yes ☐ No
 Was your security deposit returned in full? ☐ Yes ☐ No
 Explain if you answered no _____
 Reason for leaving _____

OCCUPANTS

PROPOSED OCCUPANTS (IN ADDITION TO YOURSELF)	RELATIONSHIP	BIRTH DATE

PETS: ☐ Yes ☐ No If yes, give details (number, type & size) _____
 Do you have any water filled furniture? ☐ Yes ☐ No If yes, give details (type & size) _____

VEHICLES

Make/Model #1 _____ color _____ License Plate # 1 _____ State _____
 Make/Model #2 _____ color _____ License Plate # 2 _____ State _____

EMPLOYMENT

PRESENT

EMPLOYER _____ ADDRESS _____
Supervisors Name _____ Phone (____) _____ From _____ To _____
What is your occupation? _____ Work Hours _____ Income \$ _____ Per _____

PREVIOUS

EMPLOYER _____ ADDRESS _____
Supervisors Name _____ Phone (____) _____ From _____ To _____
What was your occupation? _____ Work Hours _____ Income \$ _____ Per _____

OTHER INCOME

\$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
\$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

REFERENCES

Relative _____ Relation _____ Address _____ Phone (____) _____
Non-Relative Reference _____ Address _____ Phone (____) _____
Emergency Contact _____ Address _____ Phone (____) _____

CREDIT ACCOUNTS

Explain any "YES" answers on a separate sheet with names and details.

Have you ever been sued for bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been sued for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the total move-in amount available now (rent and deposit)? ☐ Yes ☐ No If no, when will it be available? _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

Applicant testifies that all of the above information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

The undersigned makes application to lease housing accommodations designated as: _____
_____ for the amount of the \$ _____ per month and if accepted, upon signing a lease agreement, agrees to pay all sums due, including rent and a required security deposit of \$ _____ prior to occupancy.

X _____
APPLICANT DATE

DeKalb County, Georgia



Utility Customer Operations

774 Jordan Lane, Suite 200

Decatur, Georgia 30033

Phone: (404) 378-4475 Fax: (404)-687-3504

Email: newwaterservice@dekalbcountyga.gov

Hours: 8:00 a.m. – 5:00 p.m., Monday through Friday; excluding legal holidays

APPLICATION FOR WATER/SEWER SERVICE

For Office Use Only

Account Number

Closing Date/Beginning Lease Date

Please Print

Name: _____

(Last, First MI OR Business Name)

C/O: _____

☐ OWNER

☐ TENANT

☐ MANAGEMENT COMPANY

☐ REALTOR

Service Address: _____

(Street Address)

(City, State, and Zip Code)

Mailing Address: _____

(If different than Service Address)

(City, State, and Zip Code)

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Enroll in E-Billing*: ☐ Yes ☐ No

Social Security Number/Tax ID: _____ Driver's License/ID Number: _____

Previous Address(If DeKalb County): _____

Leave on at Previous Address: ☐ Yes ☐ No – Please disconnect on: _____

(If DeKalb County)

In consideration for receiving water and/or sewer service from DeKalb County, Georgia, at the above location, I hereby acknowledge responsibility for payment of service billings. A non-refundable application fee of twenty dollars (\$20) will be added to your first bill.

Residential water accounts are billed on a bi-monthly basis (every two months), and payment by the indicated due date is required to prevent interruption of service. **You are responsible for water/sewer service until your account is closed.**

(Initials) I understand that DeKalb County is not responsible for water damage to this property or its contents. **If the water is off, it may take up to 5 business days to have service restored. Any additional trips to property will be assessed a \$45 trip charge.** ☐ **UNLOCK METER ONLY**

In consideration for having water service initiated/restored at the above address, I agree to ensure that all water service facilities (sink and tub faucets/inside and outside, toilets, etc.) are turned off; or that someone will be on the property to check for leakages. We recommend that you turn off your private cut off valve, if applicable. **Once the application is processed, it may take up to 5 business days to restore water service.**

Signature: _____ Date: _____

*****APPLICATIONS WILL NOT BE PROCESSED WITHOUT APPROPRIATE DOCUMENTATION- PLEASE REFER TO NEW SERVICE CHECKLIST*****

Email

Print Form