

PO Box 340 Douglasville, GA 30133 Phone:678.263.8507 Fax: 678.263.8507

www.pioneer-residential.com info@pioneer-residential.com

Property Applied For								
Address:				City:				
Desired Move in Date: /	esired Move in Date: / / Length			h of Lease:			Section 8:	
General Information								
Applicant 1								
Last Name: First			Name: Midd			Middle Initia	al:	
Date of Birth: / /	SSN:			Driver's Lic:			State:	
Phone #:			Email:					
Applicant 2								
Last Name: First N			Name:			Middle Initial:		
Date of Birth: / /	SSN:			Driver's Lic:			State:	
Phone #:			Email	Email:				
Residence History								
Current Address:				ates: From	/ /	To:	/ /	
City: Star			ate: Zip:					
Rent or own? Rent	or own? Rent Own Rent or Amount per Month: \$							
Landlord Name: La			Landlord Phone:					
Previous Address: Dates: From / / To: / /								
City: Stat			te: Zip:					
Rent or own? Rent	nt or own? Rent Own Rent or Amount per Month: \$							
Reason for leaving previous	us address:							



Other Occupants									
Name:		Ag	Age:		Relationship	Relationship:			
Name:			Ag	;e:		Relationship	Relationship:		
Name:			Ag	e:		Relationship	p:		
Name:			Ag	,e:		Relationship	p:		
Name:			Ag	Age:		Relationship	Relationship:		
Pets									
Туре:		Weight:			lbs	Breed:			
Туре:		Weight:			lbs	Breed:			
Туре:		Weight:			lbs	Breed:			
Туре:		Weight:			lbs	Breed:			
Emergency Contact									
Name:				Relatio	onshi	ip:			
Phone:				Email:					
Automobiles									
Vehicle 1 Year:		Make:			ľ	Model:			
Color:	License 1	Tag:			Cc	ounty:	State:		
Vehicle 1 Year: Make:				1	Model:				
Color:	License ⁻	ise Tag:			Cc	County: State:			
Describe any other vehicl	le, motorcy	cle, trailer, or	r bo a	it you inte	end to	store at the prope	perty:		



Employment Information							
Applicant 1							
Employer:		Employment Dates:	From / /	To:	/ /		
Address:		City:	State:	Zip:			
Supervisor: Ph		hone:	Monthly Gros	iross \$:			
Applicant 2							
Employer:		Employment Dates: From / / To: / /					
Address:		City:	State:	Zip:			
Supervisor: Ph		none:	Monthly Gross	s \$:			
Other Income Sources (per month)							
\$:	Source:						
\$:	Source:						
\$:	Source:						
Mandatory Screening Questions							
Have you ever been evicted or a defendant in an eviction action? Yes No					No		
Is any previous landlord trying to collect money from you? Yes No							
Has any applicant been convicted of a felony? Yes No							
Has any applicant filed or currently under a bankruptcy? Yes N					No		
If you answered "yes" to any questions, describe below:							



Applicants Authorization

The information provided on this application is complete and correct. I understand that this information will be used in making a decision to accept, conditionally accept, or deny my rental application. If application is approved and information provided by the application is not true, lease may be terminated.

I authorize Pioneer Residential and its contractors to obtain my credit and criminal background report, verify my income and current employment, and contact my current and past landlords to verify rental information provided.

Signature	Date
Print Name	
 Signature	Date
Print Name	
 Signature	Date
Print Name	

Additional Documents needed with application

Copy of three latest pay stubs or source of income

Copy of drivers license



