



ONLINE APPLICATION

To apply for new apartment home at Glen Park, please fill out the application and credit card authorization, print, sign and send via:

Fax: (770) 319-0162

-or-

Mail: 3740 Walton Way, Smyrna, GA 30082

-or-

Email: If you would like to submit the application as an email attachment, please contact our community's office at (770) 435-3545.

An application fee of \$35.00 for the first applicant and \$15.00 for each additional applicant is needed to run your application.

To hold an apartment, you must put down a rental deposit. Please contact us to do so.

Thank you for taking the time to fill out an application. We look forward to having you as a member of our community. If you have any questions, please call our office at (770) 435-3545.

After receiving your application, what is the best way for us to contact you?

What floor plan, number of bedrooms or unit number are you applying for?

Sincerely,

The Glen Park Management Team

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Apartment Homes

RENTAL APPLICATION

Community Name:	OFFICE USE:
Apartment Number:	Type:
Monthly Rent:	Agent:
Move In Date:	Pro-In:
Date Received:	Referred By:

Please Print

NAME:		DOB:	Marital Status:
SSN #:		Driver License #:	
Do you have any pets? If so what kind?			
SPOUSE'S NAME:		DOB:	Marital Status:
SSN #:		Driver License #:	
Names of other persons who will occupy apartment other than yourself:			
Name:	SSN #:	DOB:	
Name:	SSN #:	DOB:	
Name:	SSN #:	DOB:	
CURRENT ADDRESS:			
Street Address:		City:	State: Zip:
Home Phone #:		How long at this address?	
Landlord Name:		Phone #:	
Monthly Rent Paid?		Reason for Leaving?	
PREVIOUS ADDRESS:			
Street Address:		City:	State: Zip:
Landlord Name:		Phone #:	
Monthly Rent Paid?		How long at this address? Fr: _____ To: _____	
CURRENT EMPLOYMENT:			
Company Name:			
Address:			
Position:		Gross Monthly Income:	
Phone #:		Length of employment: Fr: _____ To: _____	
Supervisor's Name and Phone #:			
Other Income (monthly):		Source:	
PREVIOUS EMPLOYER:			
Company Name:			
Address:		Phone:	
Position:		Length of employment: Fr: _____ To: _____	
SPOUSE'S CURRENT EMPLOYER:			
Company Name:			
Address:			
Position:		Gross Monthly Income:	
Phone #:		Length of employment: Fr: _____ To: _____	

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Apartment Homes

AUTOMOBILES			
Year:	Make/Model:	Color:	License #:
Year:	Make/Model:	Color:	License #:
PETS			
How many:	Kind:	Weight:	Color:
EMERGENCY CONTACT			
Name: _____		Relationship: _____	
Address: _____		Phone #: _____	

Applicant has submitted the sum of \$35.00 for the first applicant and \$15.00 for each additional applicant which is non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing the application as furnished by the applicant; any false information will constitute grounds for rejection of the application.

Acknowledgment. You declare that all your statements on this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. You acknowledge that you had an opportunity to review our rental selection criteria, which include reasons your application may be denied, such as criminal history, credit history, current income, and rental history. You understand that if you do not meet our rental selection criteria or if you fail to answer any question or give false information, we may reject the application, retain all application fees, administrative fees, and deposits as liquidated damages for our time and expense, and terminate your right to occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax signatures are legally binding. You acknowledge that our privacy policy is available to you.

If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a resident; I understand Management will assess damages against the deposit for the full deposit amount. I understand that my deposit is fully refundable should I cancel within 24 hours of application submittal and that after 24 hours, my deposit is non-refundable unless my application is denied.

Applicant's Signature

Date

Signature of Spouse

Date

Signature of Owner's Representative

Date



CREDIT CARD AUTHORIZATION FORM

By entering the following information, I am giving the NALS Apartment Community authorization to charge my credit card to apply for an apartment.

Please complete the below fields:

Name of Card Holder as it appears on the Card _____

Billing Address:

Street _____

City _____

State/Zip Code _____

Type of Credit Card _____ (Visa, Mastercard, Discover, American Express)

Account number _____

CVV Number (3 digit security code located on back of card) _____

Expiration Date _____

Signature

Thank you for applying with us, we look forward to exceeding your expectations and we will contact you immediately following receipt of our application.