

# Power Properties

240 Sycamore Dr. Athens, Ga. 30606  
Phone: (706)543-6936 Fax: (706)549-0955

## **OTHER INFORMATION:**

### **HAVE YOU EVER:**

**Filed for Bankruptcy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

**Been convicted of a Felony?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes when and why? \_\_\_\_\_

**Have you been served eviction notice, or asked to vacate a property you were renting?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and why? \_\_\_\_\_

**Have you ever refused to pay rent when due?** \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when and why? \_\_\_\_\_

### **HOW DID YOU HEAR ABOUT POWER PROPERTIES?**

Friend (name) \_\_\_\_\_ Other \_\_\_\_\_

**Who do we contact in case of an emergency:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

### References Needed

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Relationship** \_\_\_\_\_

*I understand that my Application Fee is **non-refundable**, and that any Lease or Reservation becomes void if the Management does not approve my application. If my application is not approved, I understand that my Deposit or Reservation Fee will be refunded to me. I understand that the Application Fee I have paid is **nonrefundable**. I, therefore, authorize Power Properties to investigate my credit, references, employment and any other information that they deem necessary or appropriate in order to process my application. If applicant has made any misstatements in material facts relating to the application and/or the lease, Power Properties, at it's option, may deny approval of application. I further agree that should I the as a tenant of Power Properties, or my Guarantor, default on any terms of the Lease Agreement and Power Properties is forced to seek collection thereof, it may procure a most recent copy of my credit reports.*

**X** \_\_\_\_\_  
**Signature of Applicant(s)**

### **OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)**

Processing fee paid? YES NO Date paid/Amount \_\_\_\_\_ I.D. Copied? \_\_\_\_\_ Receipt # \_\_\_\_\_