The Housing Network™ - 388 Bullsboro Dr, Suite 161 - Newnan, GA 30263 **Voice**: 770-253-5638 - <u>Fax</u>: 770-252-5414

- EACH APPLICANT MUST COMPLETE A SEPARATE APPLICATION -

PLEASE PRINT - ALL information must be completed. Fax to our office once completed.

Address you are applying f	or:		
Date of desired occupancy	/:		
Would you like to take adv	antage of our owner financ	ing or lease purc	hase programs?
How much of a down payn	nent can you raise?		
What monthly payment are	you trying to work within fo	or your house pay	ment?
Is your credit, good, fair, po	oor or bad?		
YOUR PERS	ONAL INFORMATION (C	ONE FOR EACH AP	Plying adult)
Full Name			
			Phone ()
Social Security Number	Driver's License #		State:
Present Address			Date of Birth:
City	State:	Zip:	How Long?
If renting, Apartment #1 name/loc	cation	Current	Payment: \$
Landlord/mgr's name		Phone:	()
Apt. #2 (If within last 2 yrs) name/I	ocation		Payment: \$
Landlord/mgr's name		Phone:	()
Employer #1:	Position:		How Long?
Address		Phone:	()
Employer #2 (if within last 2 yrs):	1	Position:	How Long?
Address		Phone:	()
Gross Monthly Income before dec	luctions: \$		
			permission for anyone contacted to the contacted to the contact and the contac
time, for the purposes of entering authorize Management or their Ac criminal records, contacting cre not, at the time of the applica Management. Any false informati	into and continuing to offer or col uthorized Agents to verify the app ditors, present or former landlord tion and at any time in the fut	lect on any agreeme lication information ir s, employers and pe ure, with regard to ction of this applicatio	ont and/or credit extended. I furthen acluding but not limited to obtaining rsonal references, whether listed of any agreement entered into with on, or Management may at any time.
Applicant		 Date	