

Rental Application (12 months)

General Information

Name (Last, First) _____

Email _____

SSN# _____

Phone _____

Drivers License No. & State Issued _____

Have you ever been arrested: Yes No

If yes, why _____

What type of business do you operate _____

Uforia Salon Suites Location

6231 Riverdale Rd. Riverdale, GA 30274

Residence/Rental History

Address _____

City _____ State _____ Zip Code _____

Landlord/Manager Name _____

Landlord/Manager Phone _____

Move in Date _____ Move out Date _____

Monthly Rent _____

Employment History

Employer Name _____

Address _____

Phone _____ Supervisor Name _____

Start Date _____ End Date _____

Reason for leaving _____

Occupation & Duties _____

References

Name _____

Relationship _____

How long have you known each other? _____

Phone _____

Name _____

Relationship _____

How long have you known each other? _____

Phone _____

Name _____

Relationship _____

How long have you known each other? _____

Phone _____

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Emergency Contact

Name _____

Relationship _____

Phone _____

Review & Accept

Signee agrees that once application is accepted and move in occurs they assume liability for the entire length of the contract. I understand that this routine application is to establish credit, character, employment and rental history. I also understand that this is not an agreement to rent and that all applications must be approved. I authorize verification of references given. I declare that the statements above are true and correct, and I agree that the landlord may terminate my agreement entered into reliance on any misstatement made above.

Name _____

Signature _____

Date _____

Lessor Shall Provide the Following

1. Utilities that may become due on the premises excluding phone and wifi.
2. Maintenance and cleanliness of all common areas such as lobby(s), hallways, and restrooms.
3. Maintenance of existing heating, air conditioning and other facilities.

In Consideration of the Above Provision

1. Lessee agrees that he/she shall not be considered a direct agent or employee of Uforia Salon Suites
2. Lessee agrees to be responsible for collection and reporting of all and any taxes that may become due as a result of personally doing business, including all state sales and use taxes and federal income taxes.
3. Lessee agrees to conduct his or her business in a professional and business-like manner so as to interact positively with the other tenants and associates of Uforia Salon Suites.
4. Lessee agrees to take responsibility and control of their respective clients and or customers.
5. Lessee agrees to waive all claims against lessor for personal injury, business or property loss of lessee and their clients. It is suggested that lessee purchase insurance to cover any such loss, including business interruption insurance.
6. Lessee agrees not to sublease or rent any portion of their leased space or common areas, or let any person(s) have access or use of these areas, without written permission of lessor.
7. Lessee agrees that the lessor shall have the right to inspect the leased premises at any time it may be deemed necessary by the lessor
8. Lessee agrees that NO ALCOHOL, DRUGS, WEAPONS OF ANY KIND, OR ANY DRUGS OR ILLEGAL SUBSTANCES OR ACTIVITIES shall be brought around the premises of Uforia Salon Suites. Failure to comply with this provision will result in immediate eviction and loss of any past and future rent/lease payments.

Causes and Terms for Lease Termination by Lessor

1. Failure to pay or consistently delinquent payments
2. Negative conduct or behavior which effect the professional atmosphere and reputation of the building and/or the tenants therein.
3. Failure to comply with any of the provisions listed in the above agreement
4. NOTE: Early termination will result in forfeiture of the security deposit and advance rent payments.
5. NOTE: Any security deposits paid are non-refundable.

_____ I have read and fully understand the terms of this leasing contract. If any of these rules or regulations are broken, I understand that I can/will be evicted immediately.

Name _____

Signature _____

Date _____