



OLIN WOOTEN RENTALS
 243 ALMA HWY
 HAZLEHURST, GA 31539
 912-375-3366, EXT 311 (OFFICE)
 912-253-0446 (SHAUN WOOTEN)
 912-253-0625 (MARIAN WOOTEN)
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\$25 Application Fee Non Refundable.

HOUSES, MOBILE HOMES, APARTMENTS, INDUSTRIAL COMMERCIAL

APPLICATION MUST BE COMPLETED 100% OR WILL NOT BE PROCESSED

RENTAL APPLICATION : Becomes Null and Void After 30 days Date _____

Must Provide criminal background for all Adults to live in home before processing. Void after 5 days. We inspect our properties 1-2 times per month

Full Name _____ Phone # _____
 Current Address _____ City _____ State _____
 Date of Birth _____ SS # _____ License # _____
 Co-Applicant Name _____ SS# _____ License# _____
 How many to live in household _____ Number & Age Of Dependents _____

EMPLOYMENT INFORMATION: Circle one FT PT Student Retired Unemployed SSI/SSD
 Employer _____ Phone # _____ Position _____
 Dates of Employment _____ Supervisor _____

RENTAL HISTORY

Have you ever rented before? _____ Landlord Name _____ Phone # _____

PERSONAL REFERENCES (Must have 6 with phone numbers)

CREDIT REFERENCES (Must have 3 with phone numbers)

ANSWER YES OR NO:

Do you Smoke? YES/NO Are you honest and considered to have good character? YES/NO
 Do you have a history of Non-Payment or Bad Credit? YES/NO Do you believe in good work ethics? YES/NO
 Do you believe in Honesty and Trustworthiness? YES/NO Do you consider yourself to be a clean and responsible person? YES/NO
 Do you use drugs or alcohol? YES/NO How would you rate yourself? 1 2 3 4 5 6 7 8 9 10. Will you pay your rent on time? YES/NO
 Will you pay a late fee if you are late? YES/NO Will you be sharing resident with anyone else? YES/NO
 Will you report any suspicious activity? YES/NO Will you report damages to property? YES/NO
 Will you report any wrong doings from other tenants? YES/NO Do you consent to random drug testing? YES/NO
 Do you know of any interested Tenants? Please list name and phone #

ADD COMMENTS:

NOTES:

I consent Olin Wooten Rentals to check out all the above.

Signature _____ Date _____ Signature _____ Date _____