Applicant/Resident Move In Information

Prior to leasing the apartment, you are required to have:

*Security Deposit *Pro-rated rent amount/Full rent an *Verified Source of income for next *Atmos Energy Account Number Un	month's rent der your name
Georgia Power Account Number U	nder your name
*Must meet full compliance of polic *Satellite Dish policy must be in plac	cceptance of unit conditions and rules y prior to pet admission (if applicable) ce prior to installation (if applicable) Orders Only!
Date/Time for lease sign:	Monthly rent
Pro-rated rent to move in:	Security deposit \$
Total amount due on lease signing:	\$
*Please contact the following utility companies below and write your accounnumbers below:	
ATMOS ENERGY: Phone: 1888-824-	3434 Fax: 1806-349-9689
Account #:	
GEORGIA POWER: Phone: 1888-660)-5890
Account #:	
*Other optional utilities companies for phone and cable are listed below:	
CHARTER Communication: Phone: 2	1-800-955-7766
Bell South: Phone: 188-757-6500	
Resident Signature:	Date:
GHA Representative:	Date: