

APARTMENT RENTAL APPLICATION

Pineview___ Creekside___ Sylacauga Oaks___ Skyview___ Countryside___

Check or Circle One

PLEASE PRINT

DATE APT NEEDED: _____ HOW MANY BEDROOMS? _____

A NON-REFUNDABLE APPLICATION FEE OF \$35.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR UP TO 2 PERSONS (\$15 PER ADDITIONAL PERSON) ALL ADULTS 19 YEARS OR OLDER LIVING IN THIS APARTMENT MUST APPLY TO BE APPROVED

PERSONAL INFORMATION ABOUT YOU

FULL NAME _____

EMAIL ADDRESS _____ PHONE NUMBER _____

DESIRED MOVE-IN DATE _____

PRIMARY APPLICANT RESIDENCY SECTION

WE NEED AT LEAST 3 YEARS RESIDENTIAL HISTORY USE ADDITIONAL PAPER IF NECESSARY

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

From _____ To _____ (REQUIRED)

Month Year Month Year

MONTHLY RENT _____ LANDLORDS NAME _____ PHONE _____

Reason for Leaving _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

From _____ To _____ (REQUIRED)

Month Year Month Year

MONTHLY RENT _____ LANDLORDS NAME _____ PHONE _____

Reason for Leaving _____

PERSONAL INFORMATION (REQUIRED TO PROCESS APPLICATION)

DATE OF BIRTH _____ SOCIAL SECURITY OR TAX ID NUMBER _____

DRIVERS LICENSE OR ID NUMBER _____ STATE _____

(COPY OF ID REQUIRED, COPY OF SSN REQUESTED)

INCOME SECTION

(AT LEASE 2 RECENT PAY STUBS REQUIRED)

CURRENT EMPLOYER NAME _____ PHONE _____

GROSS MONTHLY SALARY _____ POSITION _____ YEARS WORKED _____

IF CURRENT EMPLOYMENT IS LESS THAN 1 YEAR MUST PROVIDE PREVIOUS EMPLOYER

PREVIOUS EMPLOYER NAME _____ PHONE _____

GROSS MONTHLY SALARY _____ POSITION _____ YEARS WORKED _____

ADDITIONAL INCOME TO BE CONSIDERED _____ TYPE/SOURCE _____

INFORMATION ABOUT SPOUSE OR CO-APPLICANT

FULL NAME _____
EMAIL ADDRESS _____ PHONE NUMBER _____

SPOUSE OR CO-APPLICANT RESIDENCY SECTION

WE NEED AT LEAST 3 YEARS RESIDENTIAL HISTORY USE ADDITIONAL PAPER IF NECESSARY

CURRENT ADDRESS _____
CITY _____ STATE _____ ZIPCODE _____
From _____ To _____ (REQUIRED)
Month Year Month Year
MONTHLY RENT _____ LANDLORDS NAME _____ PHONE _____
Reason for Leaving _____

PREVIOUS ADDRESS _____
CITY _____ STATE _____ ZIPCODE _____
From _____ To _____ (REQUIRED)
Month Year Month Year
MONTHLY RENT _____ LANDLORDS NAME _____ PHONE _____
Reason for Leaving _____

PERSONAL INFORMATION (REQUIRED TO PROCESS APPLICATION)

DATE OF BIRTH _____ SOCIAL SECURITY OR TAX ID NUMBER _____
DRIVERS LICENSE OR ID NUMBER _____ STATE _____

INCOME SECTION

CURRENT EMPLOYER NAME _____ PHONE _____
GROSS MONTHLY SALARY _____ POSITION _____ YEARS WORKED _____
IF CURRENT EMPLOYMENT IS LESS THAN 1 YEAR MUST PROVIDE PREVIOUS EMPLOYER
PREVIOUS EMPLOYER NAME _____ PHONE _____
GROSS MONTHLY SALARY _____ POSITION _____ YEARS WORKED _____
ADDITIONAL INCOME TO BE CONSIDERED _____ TYPE/SOURCE _____

HOW MANY PERSONS WILL BE LIVING IN THIS UNIT?

ADULTS _____ CHILDREN _____

LIST ALL NAMES INCLUDING APPLICANT(S)

_____	AGE _____	RELATIONSHIP _____
_____	AGE _____	RELATIONSHIP _____
_____	AGE _____	RELATIONSHIP _____
_____	AGE _____	RELATIONSHIP _____

ALL PERSONS 19 YEARS OR OLDER MUST PROVIDE APPLICATION INFORMATION

VEHICLE INFORMATION (ALL APPLICANTS)

NUMBER OF VEHICLES _____

MAKE/MODEL _____ YEAR _____ COLOR _____ TAGNR/STATE _____

MAKE/MODEL _____ YEAR _____ COLOR _____ TAGNR/STATE _____

PERSONAL REFERENCES (ALL APPLICANTS)

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU OR ANY OTHER APPLICANT ON THIS APPLICATION:

1. REGISTERED AS A SEX OFFENDER OR BEEN CONVICTED OF AN OFFENSE FOR WHICH THERE IS A REQUIREMENT TO REGISTER AS A SEX OFFENDER IN ANY JURISDICTION?

____ YES ____ NO? (CIRCLE ONE) NAME _____

2. BEEN CONVICTED OF A FELONY?

____ YES ____ NO EXPLAIN _____

3. FILED FOR BANKRUPTCY? ____ YES ____ NO IF YES WHEN _____

4. BEEN SERVED AN EVICTION OR ASKED TO VACATE A PROPERTY YOU WERE RENTING

____ YES ____ NO EXPLAIN _____

5. WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE

____ YES ____ NO EXPLAIN _____

HOW WERE YOU REFERRED TO US.

NEWSPAPER(NAME) _____ INDIVIDUAL _____ OTHER _____

WHAT LENGTH LEASE ARE YOU LOOKING FOR _____? 12 Month Leases are Standard YOU ARE RESPONSIBLE FOR ALL UTILITIES. NONE ARE PROVIDED. YOU MUST MAKE IMMEDIATE ARRANGEMENTS BEFORE MOVING IN TO HAVE THE ELECTRICITY AND WATER TRANSFERRED/TURNED ON IN YOUR NAME.

I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN ON THIS APPLICATION MAY CAUSE IT TO BE DENIED. I FURTHER UNDERSTAND THAT ANY FALSE INFORMATION, MISLEADING OR INCOMPLETE INFORMATION PROVIDED ON THIS APPLICATION MAY CAUSE MY RENTAL AGREEMENT TO BE TERMINATED. I AUTHORIZE YOU OR YOUR AGENT TO INVESTIGATE MY CREDIT AND FINANCIAL RESPONSIBILITY, INCOME, RENTAL AND EVICTION HISTORY AND ANY OTHER STATEMENTS MADE IN THIS APPLICATION IN ORDER TO DETERMINE QUALIFICATIONS FOR OCCUPANCY. I FURTHER UNDERSTAND THAT ANY INFORMATION OBTAINED WILL BE KEPT PRIVATE AND IS ONLY FOR THE USE AND PURPOSES STATED. I/We certify that I/We have the legal right to apply for and enter in a rental agreement for housing in the state of Alabama.

X _____ X _____
APPLICANT CO-APPLICANT

DATE DATE

EMERGENCY CONTACT: NAME _____ PHONE _____

CREDIT/BACKGROUND AUTHORIZATION

I/We specifically give you my/our permission to do the following verifications: Credit Check, Police Background Check, Employment Background, Bankruptcy Court, Debtors Court and any and all other Legal Background verifications as well as previous rental background investigations. I understand that my application may be turned down for any reason based on information given by any source or reference that I have provided.

PRINTED NAME APPLICANT _____ DOB _____

Signature Date SSN# DL#

PRINTED NAME CO-APPLICANT _____ DOB _____

Signature Date SSN# DL#

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

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EMPLOYMENT VERIFIED _____ RESIDENCY VERIFIED _____
BACKGROUND CHECK COMPLETED _____ APPLICATION APPROVED YES NO
DATE TENANT NOTIFIED _____ APARTMENT ASSIGNED _____
RENTAL RATE _____ DEPOSIT RECEIVED _____ (AMOUNT) _____
PRO-RATED RENT _____ UTILITIES TRANSFERRED _____ LEASE SIGNED _____
ID VERIFIED _____ MOVE-IN DATE _____