

RENTAL APPLICATION

P. O. Box 553, Saraland, AL 36571
251-675-1140 Fax# 251-675-5555

Today's Date: _____ Move in Date Desired: _____
Property Requested: _____
Referred by: _____

APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____
Birthdate: _____ Driver's License/ID Number/State: _____
Social Security #: _____ Email address: _____

CO-APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____
Birthdate: _____ Driver's License/ID Number/State: _____
Social Security #: _____ Email address: _____

Additional Occupants (List every occupant name and their relationship below,
including children)

_____ Birthday _____
_____ Birthday _____
_____ Birthday _____
_____ Birthday _____

Do you want a non-smoking rental? _____
Do you have renter's insurance? _____
Have you ever been evicted or asked to leave a rental unit? _____
Ever filed for bankruptcy? _____ Ever been convicted of a crime? _____ Will you
give us permission to do a criminal background check? _____

RESIDENCE HISTORY

Present Street Address _____
City _____ State _____ Zip _____
Dates lived at this address? _____ Own _____ Rent _____ Occupy _____
Current Phone _____
How many pets do you have? _____ Type _____
Name of present landlord/owner/mortgage company: _____
Address of present landlord/mortgage company: _____
Landlord's phone: _____ Monthly payment: _____

Reason for moving: _____
Is your rent/mtg current? _____
Number of late payments? _____ Security Deposit Amount currently held by
landlord? _____
Previous Residence Address: _____
City: _____ State: _____ Zip: _____
Previous landlord: _____ Previous landlord's
phone: _____
Dates at this address: _____ Reason for moving? _____
Was your Full Security Dep. Returned? _____ # of late payments? _____ Monthly
payment? _____

INCOME HISTORY

Applicant's current employment status:
Full-time _____ Part-time (less than 32hrs) _____
Student _____ Retired _____ Self-employed _____
Unemployed _____ Other _____

Primary source of employment:
Applicant employed by: _____ Supervisor's
name: _____
Average Weekly hours: _____ How long at current place of employment?

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Position: _____ Salary: _____
Please indicate Weekly, Bi-Weekly, Monthly, or Annual Average Take
home: _____

Additional Employment
Employed by: _____
Supervisor's name: _____
Average Weekly hours: _____
How long at this place of employment? _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Position: _____ Salary: _____
Please indicate Weekly, Bi-Weekly, Monthly, or Annual Average Take
home: _____

ASSETS / CREDITS / LOANS

Number of vehicles on property? _____
Do you have any commercial vehicles, trailers, RV, campers, boats or motorcycles?

_____ If so, please explain _____

Vehicle 1:

make/model/color/year _____

Please note, only cars on application are authorized to be on premises.

Plate number _____ State _____

Vehicle 2: make/model/color/year _____

Please note, only cars on application are authorized to be on premises.

Plate number _____ State _____

Any Additional vehicles: _____

BANK REFERENCE:

Name of bank and

Branch: _____ Phone: _____

Branch address: _____

PERSONAL/PROFESSIONAL REFERENCES

Character/Personal reference:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Professional reference (i.e. attorney, accountant):

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Name of Nearest Living Relative:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Do you give owner permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? _____

If owner has a question regarding this application, please furnish the best contact phone number:

Day phone/contact person: _____

Night phone/contact person: _____

THANK YOU!

Thank you for completing an application to rent from us. Please sign below. Please note that a

completed application requires submission of the following which will be copied and attached to this application:

Driver's License or Sheriff's picture ID. Note: rentals will not be shown without picture ID

Personal check (to verify bank) 2 weeks of most current pay stubs of each income source listed

If self-employed, most current Schedule C tax return and proof of current income

By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant's signature: _____

Co-Applicant's signature: _____

Date: _____