



Rental Application

ADDRESS OF PROPERTY APPLIED FOR: _____					
OCCUPANCY DATE: _____			DATE APPLIED: _____		
NAME OF APPLICANT: _____					
CURRENT ADDRESS: _____			CITY: _____	STATE: _____	ZIP: _____
PHONE#:HM _____		WK#: _____		CELL#: _____	
EMAIL ADDRESS: _____					
SOC.SEC. #: _____			DR.LIC. # _____		
DATE OF BIRTH: _____		_____			
NAME OF CO-APPLICANT: _____					
CURRENT ADDRESS: _____			CITY: _____		
STATE: _____	ZIP: _____		DATE OF BIRTH: _____		
PHONE# HM: _____		WK#: _____		CELL#: _____	
EMAIL ADDRESS: _____			SOC.SEC. #: _____		DR.LIC. # _____
ADDITIONAL OCCUPANTS:					
NAME: _____		AGE: _____	RELATIONSHIP: _____		
NAME: _____		AGE: _____	RELATIONSHIP: _____		
NAME: _____		AGE: _____	RELATIONSHIP: _____		
NAME: _____		AGE: _____	RELATIONSHIP: _____		
NAME: _____		AGE: _____	RELATIONSHIP: _____		
NAME: _____		AGE: _____	RELATIONSHIP: _____		
PETS HOW MANY: _____		PET TYPE/BREED: _____		WEIGHT OF PET: _____	
<i>INFO. MUST BE DISCLOSED PRIOR TO LEASING PROPERTY & IS SUBJECT TO APPROVAL BY AGENT. PET FEE WILL BE REQUIRED UPON APPROVAL.)</i>				800.00 NON-REFUNDABLE each per pet	

PREVIOUS RENTAL HISTORY ADDRESS: _____		CITY: _____	STATE: _____
FROM: _____	TO: _____	REASON FOR LEAVING: _____	RENT AMOUNT \$ _____
LANDLORDS NAME: _____		PHONE # _____	
ADDRESS: _____		CITY: _____	STATE: _____
FROM: _____	TO: _____	REASON FOR LEAVING: _____	
ADDRESS: _____		CITY: _____	STATE: _____
LANDLORDS NAME: _____		PHONE # _____	RENT AMOUNT \$ _____
***You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete, your application may be rejected, OR, if move-in has occurred, you may be evicted. ***			

Have you or any member of your household ever been Evicted? Y / N _____			DATES: _____
FROM WHERE? _____		WHY? _____	
CRIMINAL HISTORY: *Have You or any Member of your household ever been Convicted OF A CRIME?			Y / N WHEN? _____
Are you or any member of your household a current illegal user of DRUGS manufactured or distributed of a controlled substance? Y/ N _____			
If yes, you MUST answer the following: Who? _____ When? _____ of drug-related activity? _____			
**Have you or any member of your household ever been convicted of a Violent Crime or Activity? Y / N Who? _____			
When? _____ Details: _____			
**Are you or any member of your household a current illegal user of a Controlled Substance? Y / N Who? _____			
Details: _____			
**Have you or any member of your household ever been on Parole? Y / N Who? _____ When? _____			
**Or are now on Parole? Y / N _____ Details: _____			
**Have you or any member of your household subject to Registration under a state sex offender registration program? Y / N _____			
Who? _____ When? _____			
<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> <h2 style="margin: 0;">REALTOR CARD</h2>			

If a Realtor showed this property, please attach his/her business card to this application.

*******This Is a NON-SMOKING Property*******

check, money order, or direct deposit
NON-REFUNDABLE APPLICATION FEE OF \$75.00 (CASH; CERTIFIED CHECK ONLY) PER ADULT (18 Older) APPLICATION FEE(S) REQUIRED PRIOR TO PROCESSING OF THIS APPLICATION. A Copy of each Applicant's Driver's License must be submitted with application.

SOURCES OF CURRENT INCOME FOR APPLICANT (FROM EMPLOYER, AGENCY OR PERSON)

**Income requirements: GROSS monthly income must be 3 1/2 times the rent amount. Example: If rent is \$900/mo.: \$900 X 3.5 = \$3,150 gross/mo.

NAME & ADDRESS OF SOURCE:

POSITION: _____ LENGTH OF TIME ON JOB _____

NAME OF CONTACT TO VERIFY INCOME: _____ PHONE #: _____

INCOME: PER _____ (HR, WEEK, MONTH, YEAR) AVERAGE ANNUAL INCOME: _____

NAME & ADDRESS OF SOURCE: _____

POSITION: _____ LENGTH OF TIME ON JOB _____

NAME OF CONTACT TO VERIFY INCOME: _____ PHONE #: _____

INCOME: _____ PER _____ (HR, WEEK, MONTH, YEAR) AVERAGE ANNUAL INCOME:

SOURCES OF CURRENT INCOME FOR CO-APPLICANT (FROM EMPLOYER, AGENCY OR PERSON) NAME & ADDRESS OF

NAME & ADDRESS OF SOURCE: _____

POSITION: _____ LENGTH OF TIME ON JOB

NAME OF CONTACT TO VERIFY INCOME: PHONE #: _____

NAME & ADDRESS OF SOURCE:

POSITION: _____ LENGTH OF TIME ON JOB _____

NAME OF CONTACT TO VERIFY INCOME: _____ PHONE #: _____

INCOME: _____ PER _____ (HR, WEEK, MONTH, YEAR) AVERAGE ANNUAL INCOME: _____

AUTOMOBILES & ANOTHER VEHICLES OWNER:

NAME OWNER _____ MAKE/MODEL: _____ YEAR:

COLOR: _____ TAG#: _____

AUTOMOBILES & ANOTHER 2ND VEHICLES OWNER:

NAME OWNER _____ MAKE/MODEL: YEAR: _____

COLOR: _____ TAG#: _____

AUTOMOBILES & ANOTHER 3RD VEHICLES OWNER:

NAME OWNER MAKE/MODEL: _____ YEAR: _____

COLOR: _____ TAG#: _____

CREDIT REFERENCES

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PERSONAL REFERENCES-NOT RELATED TO YOU

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT

NAME: ADDRESS: _____ PHONE: _____

RELATION _____

NAME: _____ ADDRESS: _____ PHONE: _____

RELATION _____

APPLICANT/CO-APPLICANT CERTIFICATION

I certify that all information given in this application is true, complete and accurate. I understand that if *any* of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict my household & me.

If this application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the residence, and that they will maintain no other place of residence. If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including the lease and community policies.

I authorize Management to make all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies, including the Sexual Offender Registries or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

I understand that;

- 1) Approval of my application does not mean that the subject property will be reserved for me
- 2) That all properties are offered on a first come first served basis.
- 3) That properties will continue to be marketed and applications accepted until a lease is executed.

Please read carefully before you sign and make sure all questions have been answered. By signing this application, you acknowledge that you have read & agree with the three-certification statements listed above.

You also acknowledge and agree that the application fee is non-refundable even if you are not approved.

You also acknowledge and agree that any deposit paid to hold a unit for you will be refunded to you if you are not approved; however, if you are approved, but decide not to lease a unit, your deposit will not be refunded.

APP North Alabama Properties, LLC. reserves the right to re-pull your credit report(s) at a later date for collection purposes.

Note: All deposits & 1st month's rent must be paid only **by Certified funds**.

Signature: Date _____
Signature: Date: _____

NON-REFUNDABLE APPLICATION FEE OF \$75.00 CASH, or Certified Check ONLY) **PER APPLICANT** REQUIRED PRIOR TO PROCESSING OF THIS APPLICATION.

(Do not write below this line) -----

APPLICATION APPROVED _____

DATE _____ GENT SIGNATURE TERMS _____ Yr./ Months

\$ _____ Mo. rent \$ _____ Dep. \$ _____ 1st Pet fee \$ _____ 2nd Pet fee \$ _____ 3rd Pet fee

Move-in date _____ Appt. w/applicant to sign lease: Date: _____ Time: _____ am/pm

Misc. Terms

*** Note: **All deposits & 1st month's rent** must be paid only by Certified funds.

***Note: If tenant takes possession on or **after the 25th of the month**, pro-rated rent plus the next month's rent will be due. This rent is to be paid only by certified funds.

NOTE: This is a NON-Smoking Rental.

Check payable to:
"APP North AL Properties"

HM Properties & Design
3810 Sullivan St, Suite H, Madison, AL 35758

Email to: ALproperties.hmr@gmail.com