1837 Moulton St W
Decatur, Alabama 35601

Rental Application

Telephone: - 256-355-8759 Fax: - 256-355-2131

Please attach copy of Proof of Income such as paycheck stub, SSI, Disability or Retirement Statement, etc.

| DATE: | PROPERTY: | | | |
|---|--|-----------------------------------|--|--|
| OR: Ty | pe House (2bed/3bed, etc) & Mon | nthly Rent amount | \$ | |
| Are you presently on Section 8 A | Assistance: res No Approved for | r <u>bd \$</u> | <u>mo</u> | |
| oets are allowed we <u>do</u> have a pet d | eposit on most rentals so pet(s) must be | listed to be allowe | ed in the house | |
| you have pets? No Yes | If yes, what type? Drive by Newspaper /Marketplace Referral | or pla | n get one?Y | |
| w did you know about this house? | Drive by Newspaper | Website | | |
| Zillow/Facebook/Craigslist | /Marketplace Referral | | Other | |
| PLICANTS NAME: | | | | |
| First | Middle or Maiden Name | Last | Preferred Name | |
| Home Phone Number: | Cell Phone Number: | | | |
| Work Phone Number: Best number to be reached: | at between 8am and 5pm | | _ | |
| Social Security Number: | email: | | | |
| | State Date of Birth: | | - | |
| OUSE/ROOMATE NAME: | | | | |
| First | | Last | Preferred Name | |
| Home Phone Number: | Cell Phone Number: | | - Indiana | |
| | nt between 8am and 5pm | | _ | |
| | | | | |
| Driver's License Number: | State Date of Birth: | | Proposition and the second sec | |
| PRESENT ADDRESS (Must have la | ndlord's current phone number) If less that | n 5 vrs fill out previ | ous addresses | |
| Address: | Dates lived there (Month/Year) | Reason for mov | Reason for moving: | |
| City, State Zip | From To | | | |
| City, State Zip | Amount of Rent: | | | |
| Landlord Information: | Address: | Phone: | | |
| Name: | | 1 | | |
| PREVIOUS ADDRESS If above less t | | | | |
| Address: | Dates lived there (Month/Year) | Reason for moving: | | |
| City, State Zip | From To Amount of Rent: | _ | - | |
| | S Amount of Rent: | | | |
| Landlord Information: Name: | Address: | Phone: | | |
| PREVIOUS ADDRESS If above less | than 5 years | | | |
| Address: | City, State | Dates lived there | : | |
| Landlord Information: Name: | Amount of Rent: | Phone: | | |
| Other people that will be living in hou Name Relationship | ase <u>not</u> listed above (all persons occupying pres Age Name Rela | mises must be listed) tionship | Age | |
| | | | | |
| E DECLARE THE FOREGOING INFOR | MATION IS TRUE AND CORRECT, AND I / V | WE HEREBY AUTHO | ORIZE YOU TO | |
| JUCT AN EMPLOYMENT, CRIMINAL | BACKGROUND CHECK AND CREDIT CHEC | CK AND TO VERIFY | OUR REFEREN | |
| | <u></u> | | | |
| Applicant | Co- | -Applicant | Page 1 of | |

| Address: City, State Supervisor: Mo/Yrs worked: from to (2) SPOUSE/ROOMMATE (Second Person listed on front page) PREVIOUS EMPLOYER If less than 5 years above Employer: Monthly Net Income: \$ Phone Number: Position: | Have you ever been convicted o | f a felony or a misdemeanor? | If yes, Descri | be | |
|--|---|---|--|---|--|
| What is your credit score if you know it: Ve must have a copy of Proof of Income such as paycheck stub, SSI, Disability or Retirement Statement, etc. (1) APPLICANT'S (First Person listed on page 1) PRESENT OR LAST EMPLOYER If less than 5 yes fill out Prev Employer: Southly Net Income: Phone Number: Position: Morty's worked: from to page 1) PREVIOUS EMPLOYER If less than 5 years above | Have you ever filed Bankruptcy | ? Yes No If yes wh | en/evnlain | | |
| APPLICANT'S (First Person listed on page 1) PRESENT OR LAST EMPLOYER IT less than 5 yrs fill out Prev Employment | | | | | |
| City, State Supervisor: Monthly Net Income: Phone Number: Position: Monthly Net Income: State Supervisor: Monthly Net Income: Phone Number: Position: Monthly Net Income: Phone Number: Position: Monthly Net Income: Phone Number: Position: Monthly Net Income: State Supervisor: Monthly Net Income: Phone Number: Position: Monthly Net Income: State Supervisor: Monthly Net Income: Phone Number: Position: State Supervisor: Monthly Net Income: Phone Number: Position: Monthly Net Income: State Supervisor: Monthly Net Income: Phone Number: Position: Monthly Net Income: State Supervisor: Monthly Net Monthly Net Income: State Supervisor: Monthly Net Monthly | | | | bility or Retirement Statement, etc. | |
| Address: City, State City, St | | | | | |
| Supervisor: Supervisor: Supervisor: Position: | Employer. | Monthly Net Income: | Phone Number: | Position: | |
| (2) SPOUSE/ROOMMATE (Second Person listed on front page) PREVIOUS EMPLOYER If less than 5 years above Employer: Address: City, State Supervisor: Mo/Yrs worked: from to (3) APPLICANT'S (First Person listed on front page) PREVIOUS EMPLOYER If less than 5 years above Employer: Mothly Net Income: State City, State Supervisor: Mo/Yrs worked: from to (1) SPOUSE/ROOMMATE(Second Person on page 1) PRESENT/LAST EMPLOYER If less than 5 years above Employer: Mo. Net Income: State Mo/Yrs worked: from to (2) SPOUSE/ROOMMATE (Second Person insted on front page) Monthly Net Income: State Monthly Net Income: Supervisor: Monthly Net Inc | | | | from to | |
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| Supervisor: Supervisor: From 10 | Employer: | Monthly Net Income: | | | |
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| Address: City, State Supervisor: Mo/Yrs worked: from to (2) SPOUSE/ROOMMATE (Second Person listed on front page) Employer: Monthly Net Income: S Address: City, State Supervisor: Mo/Yrs worked: from to Phone Number: Position: Address: City, State Supervisor: Mo/Yrs worked: from to OTHER INCOME you wish to include (SSI/Disability/child support/etc): S(Explain) BANK INFO: Checking Account: Savings Account Bank: CREDIT REFERENCES Name Address Phone Type of Business (credit card/Loan/Rental etc) Amt owed Pymt Amt 1. 2. 3. How many autos would you keep at this address? Make/Model Color Year Lease/Finance/Own REFERENCES: Personal Acquaintances not related to you, whom you have known at least two years. Name Address Phone Years Aquatinted 1. 2. WE DECLARE THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND I/WE HEREBY AUTHORIZE YOU TO WOULT AN EMPLOYMENT, CRIMINAL BACKGROUND CHECK AND CREDIT CHECK AND TO VERIFY OUR REFERENCES. | Address: | City, State | Supervisor: | | |
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| Address: Monthly Net Income: Phone Number: Position: | (2) SPOUSE/ROOMMATE | (Second Person listed on front page) | PREVIOUS EMPLOY | ER If less than 5 years above | |
| OTHER INCOME you wish to include (SSI/Disability/child support/etc): \$ | Employer: | Monthly Net Income: | | | |
| OTHER INCOME you wish to include (SSI/Disability/child support/etc): \$(Explain) | Address: | City, State | Supervisor: | | |
| Name Address Phone Type of Business Amt owed Pymt Amt 1 | BANK INFO: Checking Acc | | _ | olain) | |
| How many autos would you keep at this address? | Name Ad | | (credit card/Loan/Rental etc) | Amt owed Pymt Amt | |
| How many autos would you keep at this address? Make/Model Color Year Lease/Finance/Own Make/Model Color Year Lease/Finance/Own REFERENCES: Personal Acquaintances not related to you, whom you have known at least two years. Name | | | | | |
| Make/Model Color Year Lease/Finance/Own Make/Model Color Year Lease/Finance/Own REFERENCES: Personal Acquaintances not related to you, whom you have known at least two years. Name | 3 | | | | |
| Make/Model Color Year Lease/Finance/Own REFERENCES: Personal Acquaintances not related to you, whom you have known at least two years. Name | How many autos would you Make/Model | keep at this address?Year | Lease/Financ | e/Own | |
| 2 | Make/Model <u>REFERENCES</u> : Personal A | Color Year Year acquaintances not related to you, | Lease/Finance | e/Ownat least two years. | |
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| ADUCT AN EMPLOYMENT, CRIMINAL BACKGROUND CHECK AND CREDIT CHECK AND TO VERIFY OUR REFERENCES. | 2 | | | | |
| Applicant Co-Applicant Page 2 of 2 | WE DECLARE THE FOREGOIN NDUCT AN EMPLOYMENT, CRI | G INFORMATION IS TRUE AND MINAL BACKGROUND CHECK A | CORRECT, AND I / WE I AND CREDIT CHECK AN | HEREBY AUTHORIZE YOU TO ND TO VERIFY OUR REFERENCES. | |
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