



7801 State Highway 59, Suite G  
Foley, Alabama 36535  
Rental Application

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 No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CO-APPLICANT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Driver's License/ID Number/State: \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Name: \_\_\_\_\_ 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 No: \_\_\_\_\_  
How many pets do you have? \_\_\_\_\_ Type or Breed: \_\_\_\_\_  
Name of present Landlord/Owner/Mortgage Co: \_\_\_\_\_  
Address of present Landlord/Owner/Mortgage Co: \_\_\_\_\_  
Phone No: \_\_\_\_\_ 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 No: \_\_\_\_\_  
Dates lived at this address? \_\_\_\_\_ Reason for moving? \_\_\_\_\_  
Was your full security deposit returned? \_\_\_\_\_ # of late payments? \_\_\_\_\_ Monthly payment: \_\_\_\_\_

**INCOME HISTORY**

Applicant's current employment status: Full-time: \_\_\_\_\_ Part-Time(less than 32 hours): \_\_\_\_\_  
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 No: \_\_\_\_\_ 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 current place of employment? \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ 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 that are authorized to be on the premises.  
Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle 2: Make / Model / Color / Year: \_\_\_\_\_  
Please note, only cars on application that are authorized to be on the premises.  
Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Any Additional Vehicles: \_\_\_\_\_

**BANK REFERENCE:**

Name of Bank and Branch: \_\_\_\_\_ Phone No: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL / PROFESSIONAL REFERENCES**

Character / Personal Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship? \_\_\_\_\_ How Long ? \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship? \_\_\_\_\_ How Long ? \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Nearest Living Relative:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship? \_\_\_\_\_ How Long ? \_\_\_\_\_ Phone No: \_\_\_\_\_

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?

Day Phone/Contact Person: \_\_\_\_\_

Night Phone/Contact Person: \_\_\_\_\_

**THANK YOU!**

Thank you for completing an application to 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 a picture ID

\_\_\_\_\_ Personal Check (to verify bank)

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: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCREENING / REGISTRATION:**

Pet owners must complete a Pet Application and Registration Form before occupying the residence. If the pet is either a dog or a cat, a current photograph should be attached.

**Permissible Pets:**

- 1. Dogs      No. Allowed: \_\_\_\_\_ Weight Limit: \_\_\_\_\_ Restrictions: \_\_\_\_\_
- 2. Cats      No. Allowed: \_\_\_\_\_ Restrictions: \_\_\_\_\_
- 3. Rabbits    No. Allowed: \_\_\_\_\_
- 4. Birds      No. Allowed: \_\_\_\_\_ Type: \_\_\_\_\_
- 5. Fish        Tank Capacity: \_\_\_\_\_
- 6. Caged Animals    No. Allowed: \_\_\_\_\_ Type: \_\_\_\_\_

Name of Pet Owner: \_\_\_\_\_  
Rental Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

**PET INFORMATION**

Please list all pets separately:

Pet's Name	Type/Breed	Age	Weight	License or ID #

**Pet References:**  
Veterinarian: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance:**  
Agency: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Pet's Emergency Caretaker:**  
Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have read and understand the house rules pertaining to pets, and I and members of my household promise to fully comply.

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_