

APPLICANT FORM

(This form cannot be processed without a \$25.00 application fee.
After you complete this application, please fax it promptly to 205-750-0771.)

OLD ROW at CLOVERDALE

OFFICE: 912 29th Avenue / Tuscaloosa, AL 35401

205-750-0383 FAX 205-750-0771

www.oldrowatcloverdale.com

DATE RECEIVED _____

MOVE-IN DATE _____

WE REQUIRE A DRIVER'S LICENSE OR PHOTO IDENTIFICATION IN ORDER TO PROCESS YOUR APPLICATION.

A separate application form must be completed by each applicant of the household who is not related by blood, marriage or adoption, and each guarantor.

APARTMENT REQUIREMENTS

Requested move-in date?

Number of people to occupy the apartment?

Any special housing requirements?

Number of bedrooms needed?

Where did you hear about us?

PERSONAL INFORMATION

Full name of applicant (or guarantor)

Date of birth:

Social Security #

Driver's License#

State Issued:

Home Phone:

Cell Phone:

High School Attended:

Email Address:

List all others who will be occupying the apartment

Name:

Relationship

Name:

Relationship

Name:

Relationship

HOUSING INFORMATION

Current Street Address:

City:

State:

Zip:

Apartment community name (if applicable)

Apt. #

Monthly rent

Date moved in and lease expire date

Name of property owner/manager/landlord

Owner/manager/landlord phone #

What is your reason for leaving?

Was the lease in your name Yes No - if not, whose?

EMPLOYMENT INFORMATION

Present Employer:

Supervisor's name:

Address:

City/State:

Work phone number:

Kind of work:

Length of Employment:

Monthly gross income:

Past Employer:

Supervisor's Name:

Address:

City/State:

Work phone number:

Kind of work:

Length of Employment:

Monthly gross income:

OTHER MATERIAL INFORMATION

Have you, your spouse, or any other occupant listed above ever:

a) been denied an apartment? Yes No

b) been evicted or asked to move out? Yes No

c) broken a rental agreement or lease contract? Yes No

d) been sued for damages to rental property? Yes No

e) filed bankruptcy? Yes No

f) been convicted of a felony? Yes No

g) had legal action taken against you for nonpayment of a bill or rent? Yes No

If you answered Yes to any of the above questions a-g, please explain.

In case of emergency, notify:

Relationship:

Street Address:

City/State/Zip

Home phone:

Cell:

Work phone number:

In the event of serious illness or death of resident, the above person

may

or may not

enter, remove

and/or store all contents found in the dwelling, common areas, or mailbox.

I/We certify that, to the best of my/our knowledge, all information provided above is true and complete, and no fact was omitted which would make any of the above information incorrect or misleading. I/We hereby authorize you to verify or investigate the above information by consumer credit reports, rental history reports, criminal history reports and other methods, including, but not limited to interviews of any references, employers, former landlords, etc. I/We understand that our application may be rejected for failure to provide any of the above requested information or if any of my/our information proves to be false or, in your sole discretion, negative. I/We understand that upon such rejection, the application fee is non-refundable and that I/We are entitled to a copy of any consumer credit report(s) obtained by you in this application. I/We further authorize you to regularly and routinely furnish information to consumer reporting agencies about the performance of lease obligations by residents. Such information may be reported at any time and may include favorable and unfavorable information regarding my/our compliance with the lease.

THIS APPLICATION IS NOT A LEASE OR RENTAL AGREEMENT, ALL APPLICATION FEES ARE NON-REFUNDABLE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF OLD ROW AT CLOVERDALE. NEITHER THE RECONDITIONING FEE NOR THE SECURITY DEPOSIT WILL BE REFUNDABLE AFTER 72 HOURS OF NOTIFICATION OF APPROVAL

Signature of Applicant

Date

Signature of Applicant

Date