

The Crescent at Lakeshore

1 Rue Maison, Homewood, AL 35209 Phone (205) 942-6118 Fax (205) 940-9040

RENTAL APPLICATION

Date: _____ Move In Date: _____ Referred By: _____
Property: _____ Unit # _____ Terms: _____
Rate: \$ _____ + \$ _____ water/sewer/pest control/garbage Applicant's Initials _____

APPLICANT INFORMATION:

Name: _____ Social Security #: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Date of Birth: _____ Driver's License #: _____ Email Address: _____
Vehicle Make: _____ Model: _____ Year: _____ Tag #: _____ Color: _____

of Occupants residing in Apartment: _____ (Occupants 19 years and older require separate application)

Name: _____ DOB: _____ Relationship: _____ SS#: _____
Name: _____ DOB: _____ Relationship: _____ SS#: _____
Name: _____ DOB: _____ Relationship: _____ SS#: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Landlord/Mortgage Co: _____ Has Notice been given?: _____

Rent Amount/Mortgage Payment: _____ Phone Number of Landlord/Mortgage Co: _____

How long at this Address: _____ Reason for Moving: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Landlord/Mortgage Co: _____

Rent Amount/Mortgage Payment: _____ Phone Number of Landlord/Mortgage Co: _____

How long at this Address: _____ Reason for Moving: _____

Have you ever been convicted of any felony, violent crime, drug related, theft or sexual offense? _____

Have you or your spouse ever been evicted?: _____ **If yes, please explain:** _____

Have you ever left owing money to any owner or landlord?: _____

Have you ever had adjunction withheld?: _____

Employment:

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Monthly Gross Income (Proof required): _____ Position Held: _____

Supervisor: _____ Date of Hire: _____ Hours Worked Weekly: _____

IF LESS THAN TWO YEARS AT CURRENT JOB:

Previous Employer: _____ Date of Hire: _____

Address: _____ City: _____ State: _____ Zip: _____

Monthly Gross Income (Proof required): _____ Position Held: _____

Supervisor: _____ Phone: _____

Emergency Contact (not living with you): _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Pets: (Non-Refundable Pet Fee required; Limited Number of Pets per Apartment; Management Discretion)

Type: _____ Breed: _____ Weight: _____ Name: _____
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NON-REFUNDABLE APPLICATION PROCESSING CHARGE/CONSENT POLICY

Applicants submits herewith a non-refundable payment in the amount of \$50.00 for credit check, criminal background, employment & rental history processing. If application is not approved, said sum would be retained by the management to cover the cost of processing this application. Any false information will constitute grounds for rejection of said application. Management is hereby authorized to verify the accuracy and correctness of the statements considered herein; to communicate with applicant's employers, apartment communities and creditors and to procure such other information which management may require to evaluate this application. **NOTE: Application must be signed before it is processed. All persons over the age of 19 who will be residing in apartment must fill out an application and pay a separate processing charge.**

SECURITY DEPOSIT

Total payment of the Security Deposit must be submitted with this application. Upon approval, this total will be applied toward payment of applicant's security deposit, which is due prior to taking possession of the apartment. If management requires a guarantor or additional deposit, applicant may cancel application within 24 hours of notification of these requirements and receive a full refund of security deposit. If for any reason management rejects this application, the security deposit submitted herewith will be refunded in full. Applicant may cancel this application by written notice within 48 hours of signing and receive a full refund of the security deposit. If applicant fails to cancel within 48 hours, fails to execute management's lease agreement or refuses to occupy premises on the agreed upon date, the security deposit will be forfeited to management.

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant represents that all of the above statements of information on the application for rental are true and complete and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental/mortgage), employment history, criminal history records, court records and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I hereby release any of the above from any liability and responsibility arising from their do so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my application for residency.

Dated: _____ **Applicant's Signature:** _____

FARRISMARIE PROPERTIES, LLC IS AN EQUAL HOUSING OPPORTUNITY PROVIDER. THIS COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS OR NATIONAL ORIGIN.

TITLE VII OF THE CIVIL RIGHTS ACT OF 1966 MAKES DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN ILLEGAL IN CONNECTION WITH THE RENTAL OF MOST HOUSING.



THIS APPLICATION SHALL SURVIVE THE SIGNING OF THE LEASE AND SHALL BECOME A PART THEREOF.