

RENTAL APPLICATION

Realtor's showing this property, please attach your business card to this application

NON-REFUNDABLE APPLICATION FEE OF \$20.00 (CASH ONLY) PER APPLICANT REQUIRED PRIOR TO PROCESSING OF THIS APPLICATION.

ROSENBLUM REALTY, INC.
2314 SO.MEMORIAL PKWY.
HUNTSVILLE, AL 35801

(PLEASE PRINT)

Office:(256)539-9606
Fax#:(256)539-9505
Email: rental@rosenblumrealty.com

ADDRESS OF PROPERTY APPLIED FOR _____ OCCUPANCY DATE _____ DATE APPLIED _____

(Copy of each applicant's Driver's License must be submitted with each application.)

NAME OF APPLICANT: _____
CURRENT ADDRESS: _____
STREET _____ CITY _____ STATE / ZIP _____
PHONE#:(HM) _____ (WK) _____ (CELL) _____
EMAIL ADDRESS: _____
SOC.SEC.#: _____ DR.LIC.#: _____ DATE OF BIRTH _____

NAME OF CO-APPLICANT: _____
CURRENT ADDRESS: _____
STREET _____ CITY _____ STATE / ZIP _____
PHONE#:(HM) _____ (WK) _____ (CELL) _____
EMAIL ADDRESS: _____
SOC.SEC.#: _____ DR.LIC.#: _____ DATE OF BIRTH _____

ADDITIONAL OCCUPANTS:
NAME _____ AGE _____ RELATIONSHIP _____
NAME _____ AGE _____ RELATIONSHIP _____
NAME _____ AGE _____ RELATIONSHIP _____
NAME _____ AGE _____ RELATIONSHIP _____

PETS: HOW MANY & TYPE / BREED OF PET(S): _____
(INFO. MUST BE DISCLOSED PRIOR TO LEASING PROPERTY & IS SUBJECT TO APPROVAL BY AGENT. PET FEE WILL BE REQUIRED UPON APPROVAL.)

PREVIOUS RENTAL HISTORY

CURRENT ADDRESS: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____ RENT AMT: _____
LANDLORD'S NAME: _____ PHONE #: _____

ADDRESS: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____ RENT AMT: _____
LANDLORD'S NAME: _____ PHONE #: _____

ADDRESS: _____ FROM: _____ TO: _____
REASON FOR LEAVING: _____ RENT AMT: _____
LANDLORD'S NAME: _____ PHONE #: _____

	<u>No</u>	<u>Yes</u>	If yes, you MUST answer the following:
Have you or any member of your household ever been evicted?	___	___	From where? _____ When? _____ Why? _____
Have you or any member of your household ever been evicted from housing for drug-related criminal activity?	___	___	From where? _____ When? _____

CRIMINAL HISTORY

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.

	<u>No</u>	<u>Yes</u>	<u>If yes, you MUST answer the following:</u>
*Have you or any member of your household ever been convicted of drug-related activity?	___	___	Who? _____ When? _____ Details: _____
*Have you or any member of your household ever been convicted of violent criminal activity?	___	___	Who? _____ When? _____ Details: _____
*Are you or any member of your household a current illegal user of or addicted to a controlled substance?	___	___	Who? _____ Details: _____
*Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	___	___	Who? _____ When? _____ Details: _____
*Have you or any member of your household ever been on parole or are now on parole?	___	___	Who? _____ When? _____ Details: _____
*Have you or any member of your household currently or in the past used illegal drugs?	___	___	Who? _____ When? _____ Details: _____
*Have you or any member of your household subject to registration under a state sex offender registration program	___	___	Who? _____ When? _____ Details: _____

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

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 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: _____

AUTOMOBILES & OTHER VEHICLES

OWNER NAME: _____ MAKE/MODEL: _____ YEAR: _____ COLOR: _____ TAG#: _____

OWNER NAME: _____ MAKE/MODEL: _____ YEAR: _____ COLOR: _____ TAG#: _____

OWNER NAME: _____ MAKE/MODEL: _____ YEAR: _____ COLOR: _____ TAG#: _____

BANKING & CREDIT REFERENCES

NAME OF APPLICANT'S BANK: _____ BRANCH: _____ ACCT.#: _____

NAME OF CO-APPLICANT'S BANK: _____ BRANCH: _____ ACCT.#: _____

CREDIT REFERENCE: _____ ACCT.#: _____ MO.PMT: _____

CREDIT REFERENCE: _____ ACCT.#: _____ MO.PMT: _____

PERSONAL REFERENCES-NOT RELATED TO YOU

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____
NAME: _____ ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT

NAME: _____ ADDRESS: _____ PHONE: _____
NAME: _____ ADDRESS: _____ PHONE: _____

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 me & my household.

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 any and 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; and 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 four 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. Rosenblum Realty 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 \$20.00 (CASH ONLY) PER APPLICANT REQUIRED PRIOR TO PROCESSING OF THIS APPLICATION.

(Do not write below this line)

APPLICATION APPROVED _____ or DENIED _____ / _____

DATE

AGENT SIGNATURE

TERMS: ___yr/mo.lease \$ _____ 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.

Updated 10/13/11