

Redmont Properties

2829 Thornhill Road
 Birmingham, AL 35213
 Ph. #205-871-3488
 Fax #205-879 -8162

RENTAL APPLICATION

Property/Apartment#

Full Name Preferred Name Soc. Sec. # D.O.B.

Home Phone # Cell Phone # E-mail address:

Present Address City State ZIP

How long at Address? Lease? Yes No Date of Lease Expiration Notice Given? Yes No Monthly Rent \$

Landlord's Name Landlord's Telephone # Landlord's Fax #

Previous Address Landlord's Phone #

Employer Start Date Employer's Telephone #

Business Address

Salary \$ Hours worked weekly Supervisor's Name Supervisor's Phone #

Previous Employer Time of Employment Employer's Telephone #

Salary \$ Hours worked weekly Supervisor's Name Supervisor's Phone #

Persons to Occupy Apartment 1. D.O.B. 2. D.O.B.

3. D.O.B. 4. D.O.B.

of Pets Breeds Weight

Driver's License # State Issued Vehicle Tag # State Issued

Vehicle Make Vehicle Model Vehicle Year Color of Vehicle

Emergency Contact (not living with you) Relationship Phone #

Address City State ZIP

Have you ever had an eviction filed against you? Yes No

Have you ever left owing money to any owner or landlord? Yes No

Have you ever had adjunction withheld or been convicted of a crime? Yes No

How did you hear about us?

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant represents that all of the above statements 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 or 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 doing so. Facsimiles of this authorization may be sued 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. Please note that the deposit paid is not refundable if this application is approved following verification.



Dated _____

Applicant's Signature _____