

REDMONT PROPERTIES

2829 Thornhill Road
Birmingham, AL 35213
Phone 205.871.3488
Fax 205.879.8162

RENTAL APPLICATION

Apartment #
Agent:

Full Name	Preferred Name	Soc. Sec #	D.O.B.
Cell Phone #	Home 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 Phone #	Landlord's Fax #	
Previous Address	Landlord's Phone #		

Employer	Start Date	Employer's Phone #	
Position	Business Address		
Salary \$	Hours worked weekly	Supervisor's Name	Supervisor's Phone #
Previous Employer	Time of Employment		Employer's Phone #
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 adjudication withheld or been convicted of a crime? Yes No
How did you hear about us?

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant represents that all the above 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 for this State. I hereby release any of the above from any liability and responsibility arising from their doing so. Facsimiles or email of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile or email 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