RENTAL APPLICATION FORM

Property Owner / Landlord Cardinal Realty Group, LLC 210 Medical Center Dr. Prattville, Alabama 36066

Application Fee: 45.00 (the application fee is non-refundable)

PREMISES INFORMATION

Premises Address: Monthly Rent: Pet Deposit:	_ Security Deposit:
PLEASE PRINT - ALL information mereserve the right, in our sole discretion event any or all blank spaces are not co	ust be completed. All blanks must be filled in. We and without liability to deny your application in the mpleted.
How did you find out about us?Vacancy or other signNewspaper	FriendOther
PERSON.	AL INFORMATION
Name (First, M.I., Last):	
Home Phone Number:	Cell Phone Number:
Email Address:	Date of Birth:
Social Security Number:	Date of Birth:
Direct 5 License Number.	State Issued.
Current Address:	
APPLICA	ATION INFORMATION
Requested Move-In Date:	
Did you complete previous lease agreeme	nt? Yes No N/A
How many people will be living in the hor	me?123456Other
Is this a Guarantor/Co-Signer Application	? Yes No
If so what is the relationship to Lessee:	
Financial and Background History:	
	other than a minor traffic offense?YesNo
If yes please explain:	outer man a minor manne offense1 cs1 v
Have you ever been evicted: Yes No	
If yes please explain:	
If yes please explain:	No

If yes, please explain: Have you ever filed for bankruptcy	? NoYes Date: Chapter 7 or 13?		
Current Residence:	0.1		
Do you currentlyRentOwn	Other		
Current Residence Mortgage or Rei	ntal Company:		
Rent or Mortgage Amount:	How long have you lived at the residence:		
Reason for leaving Residence:	Phone Number:		
Manager/Contact:	Phone Number:		
Eman Address:	Fax Number:		
Previous Address:			
RentOwnOther			
Current Residence Mortgage or Ren	ntal Company:		
Kent or Mortgage Amount:	How long have you lived at the residence:		
Reason for leaving Residence:	Phone Number:		
Manager/Contact:	Phone Number:		
Email Address:	Fax Number:		
Employment:			
Current Employer Name:			
Employer Address:			
Supervisor Name:	Phone Number:		
Email Address:	Fax Number:		
Job Title:	Start Date:		
Gross Annual Income:	Additional Annual Income:		
Previous employment:			
Previous Employer Name:			
Employer Address:			
Supervisor Name:	Phone Number:		
Email Address:	Fax Number:		
Job Title:	Start Date:		
Gross Annual Income:	Additional Annual Income:		
Emergency Contact:			
Name (First, M.I., Last):	Relationship:		
Home Phone Number:	Cell Phone Number:		
Work Phone Number:	Fax Number:		
Email Address:			
Address:			
Credit References: Including but n	not limited to student loans, mortgages, store credit cards,		
rental stores, vehicle loans, small l			
Bank:			
Account #(s):			
Branch:			
City: State			

Credit Card:	
Account Number:	Exp. Date:
	Credit Limit:
Are all payments current?Yes	_INO
Credit Card:	
Account Number:	Exp. Date:
Type of Account:	Credit Limit:
Are all payments current?Yes	_No
Personal References: List three personal	ons, OTHER THAN YOUR RELATIVES that we may
contact to verify your character.	
Name:	Relationship:
Phone Number:	Years known:
Address:	
Name:	Relationship:
Phone Number:	Years known:
Address:	D.I.
Name:	Relationship:
Phone Number:	Years known:
Pet Information:	**
Will you be bringing any pets?Yes	
How many:	
What kind of pets will you be bringing	
If yes please describe <i>EACH</i> pet(s) (ty	
Det 7.	
Det 2.	
Pet 3:Pet 4:	
Make model color	operty including recreational vehicles. year license plate # state
Make model color	year license plate # state
Monor de des de	45 Enterior protection (Alexandro Enterior Enter
Who is the Head of Household or Fi	irst Point of Contact living in the home (this can be you
or any joint applicant)?	The same of the sa
Joint Applicant Information:	
	Date of Birth:
Social Security Number:	Email Address:

Current Address:			
Please name all occupants living in the	home (including children)	and the second second second second second	
Name:	Date of Birth:		
Social Security Number:	Email Address:		
Current Address:			
Please list all occupants including chi	ldren:		
Occupant 1:			
Name:	Relationship		
Date of Birth:	Social Security Number:	Name of the last o	
Occupant 2:	Westernamental Action of the Control	NACE OF STREET O	
Name:	Relationship		
Date of Birth:	Social Security Number:	Mily Martin School Control of Con	
Occupant 3:			
Name:	Relationship		
	Social Security Number:		
Occupant 4:			
Name:	Relationship		
Occupant 5:		Married & Control of the Control of	
Name:	Relationship		
Date of Birth:	Social Security Number:		
Occupant 6:			
Name:	Relationship		
Date of Birth:	Social Security Number:	manuscroppensychensum phajosphalikas anadigus	

By signing this Application, you certify that all information contained in this Application is true, correct and complete to the best of your knowledge. You understand and agree that Cardinal Realty Group, LLC may contact any or all persons listed above, and further, that Cardinal Realty Group, LLC may question the veracity of the statements made herein. With respect to prior landlords, you explicitly agree Cardinal Realty Group, LLC may communicate with those contacts and ask whether or not rent was paid on time and the circumstances surrounding your departure, among other questions. With respect to personal references and emergency contacts you understand and agree that you are granting Cardinal Realty Group, LLC permission to communicate with those persons listed in the event Cardinal Realty Group, LLC can't locate you, and further, in the event you abandon your apartment, Cardinal Realty Group, LLC may contact those persons to remove your personal belongings from the rental premises. In such instance, you will be solely liable for any losses incurred to your personal belongings and/or to the rental premises and any common areas. You understand and agree that rent begins after the Rental Agreement is signed and not after Application approval and will be prorated for the following month.

By signing this Application, you hereby authorize a credit check, a criminal check to be made, and verification of information you provided and communication with any and all names listed on this application. You understand that any discrepancy or lack of information may result in the rejection of this application. You understand that this is an application for the herein identified rental premises and does not constitute a rental or lease agreement in whole or part. You further understand that there is a non-refundable fee to cover the cost of processing your application and you are not entitled to a refund in the event Cardinal Realty Group, LLC does not rent to you and/or you choose not to rent from Cardinal Realty Group, LLC. You understand that any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

APPLICANT SIGNATURE

Cardinal Realty Group, LLC

For Office Use Only:

APPLICATION CHECKLIST

The following must be completed, attached to the rental application and reviewed by the property manager before applicant is accepted or rejected.

(If not applicable, write N/A)										
☐ Rental Application (Completed)										
☐ Copy of I.D.										
Criminal Report										
☐ Credit Report										
 ☐ Proof of Residency (two most recent utility bills) ☐ Proof of Employment (two most recent pay stubs) ☐ Application Fee Received (45.00) 										
							☐ Most recent bank statement			
Leasing Consultant's Signature	Date									
Property Man	ager's App	roval								
Concession:										
☐ Approved		□ Denied								
			on the state of th							
Property Manager's Signature	Date									