

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: _____ Security Deposit: _____
Pet Deposit: _____

PLEASE PRINT - ALL information must be completed. All blanks must be filled in. We reserve the right, in our sole discretion and without liability to deny your application in the event any or all blank spaces are not completed.

How did you find out about us?

Vacancy or other sign Newspaper Friend Other _____

PERSONAL INFORMATION

Name (First, M.I., Last): _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____ Fax Number: _____
Email Address: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ State issued: _____
Current Address: _____

APPLICATION INFORMATION

Requested Move-In Date: _____
Did you complete previous lease agreement? Yes No N/A
How many people will be living in the home? 1 2 3 4 5 6 _____ Other
Is this a Guarantor/Co-Signer Application? Yes No
If so what is the relationship to Lessee: _____

Financial and Background History:

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If yes please explain: _____

Have you ever been evicted? Yes No

If yes please explain: _____

Have you ever been sued for rent? Yes No

Have you ever been sued for property damages? Yes No
Have you ever had a foreclosure/repossession? Yes No
If yes, please explain: _____
Have you ever filed for bankruptcy? No Yes Date: _____ Chapter 7 or 13?

Current Residence:

Do you currently Rent Own Other _____
Current Residence Mortgage or Rental Company: _____
Rent or Mortgage Amount: _____ How long have you lived at the residence: _____
Reason for leaving Residence: _____
Manager/Contact: _____ Phone Number: _____
Email Address: _____ Fax Number: _____

Previous Address:

Rent Own Other _____
Current Residence Mortgage or Rental Company: _____
Rent or Mortgage Amount: _____ How long have you lived at the residence: _____
Reason for leaving Residence: _____
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 not limited to student loans, mortgages, store credit cards, rental stores, vehicle loans, small loans, etc.

Bank: _____
Account #(s): _____ Checking Savings Loan
Branch: _____
City: _____ State: _____

Credit Card: _____
Account Number: _____ Exp. Date: _____
Type of Account: _____ Credit Limit: _____
Are all payments current? ___ Yes ___ No

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Account Number: _____ Exp. Date: _____
Type of Account: _____ Credit Limit: _____
Are all payments current? ___ Yes ___ No

Personal References: List three persons, OTHER THAN YOUR RELATIVES that we may contact to verify your character.

Name: _____ Relationship: _____
Phone Number: _____ Years known: _____
Address: _____

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Phone Number: _____ Years known: _____
Address: _____

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Pet Information:

Will you be bringing any pets? ___ Yes ___ No

How many: _____

What kind of pets will you be bringing? _____

If yes please describe **EACH** pet(s) (type, name, weight, color, breed, age)

Pet 1: _____

Pet 2: _____

Pet 3: _____

Pet 4: _____

List all vehicles to be kept at the property including recreational vehicles.

Make	model	color	year	license plate #	state
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who is the Head of Household or First Point of Contact living in the home (this can be you or any joint applicant)? _____

Joint Applicant Information:

Name: _____ Date of Birth: _____

Social Security Number: _____ Email Address: _____

Current Address: _____

Please name all occupants living in the home (including children)

Name: _____ Date of Birth: _____

Social Security Number: _____ Email Address: _____

Current Address: _____

Please list all occupants including children:

Occupant 1:

Name: _____ Relationship _____

Date of Birth: _____ Social Security Number: _____

Occupant 2:

Name: _____ Relationship _____

Date of Birth: _____ Social Security Number: _____

Occupant 3:

Name: _____ Relationship _____

Date of Birth: _____ Social Security Number: _____

Occupant 4:

Name: _____ Relationship _____

Occupant 5:

Name: _____ Relationship _____

Date of Birth: _____ Social Security Number: _____

Occupant 6:

Name: _____ Relationship _____

Date of Birth: _____ Social Security Number: _____

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 Manager's Approval

Concession: _____

Approved

Denied

Property Manager's Signature

Date