



Instructions for Rental Application

- For head of household or primary applicant, please complete the “Primary Applicant” portion
 - For co-applicant (spouse, partner, or other adult whose credit will also be used to determine eligibility), please complete “Co-Applicant” portion
 - For additional persons aged 19 and above, who will just be residents in the home, please complete the “Additional Adult Resident” portion
-



Rental Application – Primary Applicant

\$14.95 CREDIT CHECK FEE PER APPLICANT PAID DIRECTLY TO EXPERIAN.

One27 RESIDENTIAL

(256) 763-0127

homes@one27residential.com

(PLEASE PRINT)

ADDRESS OF PROPERTY APPLIED FOR	OCCUPANCY DATE	TODAY'S DATE

NAME OF APPLICANT:			
PHONE #:	(H)	(W)	(C)
EMAIL ADDRESS:			
SOCIAL SECURITY #:			
DRIVER LICENSE #/ST:		DATE OF BIRTH:	

PREVIOUS RESIDENCES

CURRENT ADDRESS:			
<input type="checkbox"/> RENT <input type="checkbox"/> OWN			
FROM:	TO:	REASON FOR LEAVING:	
IF RENT:		IF OWN:	
LANDLORD NAME:		MORTGAGE HOLDER:	
PHONE #:		TOTAL MORTGAGE AMT:	\$
EMAIL:		MORTGAGE PMT:	\$
RENT AMT:	\$	CURRENT?	

ADDRESS:			
<input type="checkbox"/> RENTED <input type="checkbox"/> OWNED			
FROM:	TO:	REASON FOR LEAVING:	
IF RENT:		IF OWN:	
LANDLORD NAME:		MORTGAGE HOLDER:	
PHONE #:		TOTAL MORTGAGE AMT:	\$
EMAIL:		MORTGAGE PMT (PITI):	\$
RENT AMT:	\$	CURRENT?	

ADDRESS:			
<input type="checkbox"/> RENTED <input type="checkbox"/> OWNED			
FROM:	TO:	REASON FOR LEAVING:	
IF RENT:		IF OWN:	
LANDLORD NAME:		MORTGAGE HOLDER:	
PHONE #:		TOTAL MORTGAGE AMT:	\$
EMAIL:		MORTGAGE PMT (PITI):	\$
RENT AMT:		CURRENT?	

APPLICANT'S EMPLOYMENT HISTORY

CURRENT EMPLOYER:			
POSITION:		LENGTH OF TIME ON JOB:	
INCOME: \$	PER (HR,WEEK,MONTH,YEAR)	AVERAGE ANNUAL INCOME:	\$
NAME OF CONTACT TO VERIFY INCOME:		PHONE #:	
SUPERVISOR:		EMAIL:	
		PHONE #:	
		EMAIL:	

PREVIOUS EMPLOYER:			
POSITION:		LENGTH OF TIME ON JOB:	
INCOME: \$	PER (HR,WEEK,MONTH,YEAR)	AVERAGE ANNUAL INCOME: \$	
NAME OF CONTACT TO VERIFY INCOME:		PHONE #:	
SUPERVISOR:		EMAIL:	
		PHONE #:	
		EMAIL:	

APPLICANT'S CREDIT HISTORY

BANK NAME	ACCT.#	BALANCE

PERSONAL REFERENCES-NOT RELATED TO YOU

NAME	RELATIONSHIP	EMAIL	PHONE #

ADDITIONAL OCCUPANTS: ONLY 18 years old or younger in this section. Age 19+ must fill out Background Verification Form

NAME	AGE	RELATIONSHIP

PETS THAT WILL LIVE IN THE PROPERTY

NAME/AGE	TYPE/BREED	WEIGHT	INDOOR/OUTDOOR

(MUST BE DISCLOSED PRIOR TO LEASING PROPERTY & IS SUBJECT TO APPROVAL)

	No	Yes	If yes, you MUST answer the following:
Have you ever been evicted?			When? _____ Why? _____
Have you ever been evicted from housing for drug-related criminal activity?			Where? _____
Have you ever filed for bankruptcy?			When? _____ Date filed: _____ Date granted: _____ Date discharged: _____
Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?			When? _____
Are you obligated to pay alimony, child support, or separate maintenance?			Amount? _____
Are you party to a lawsuit?			

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.

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

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 my household & me.

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, previous and current employers, 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; and 2) 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 three certification statements listed above. You also acknowledge and agree that any deposit paid to hold a home 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. One27 Residential reserves the right to access your credit report(s) at a later date for collection purposes.

Signature

Date



Rental Application – Co-Applicant

\$14.95 CREDIT CHECK FEE PER APPLICANT PAID DIRECTLY TO EXPERIAN.

CO-APPLICANT NAME:			
PHONE #:	(H)	(W)	(C)
EMAIL ADDRESS:			
SOCIAL SECURITY #:			
DRIVER LICENSE #/ST:		DATE OF BIRTH:	

PREVIOUS RESIDENCES

CURRENT ADDRESS:			
<input type="checkbox"/> SAME AS APPLICANT			
<input type="checkbox"/> RENT <input type="checkbox"/> OWN			
FROM:		TO:	REASON FOR LEAVING:
IF RENT:		IF OWN:	
LANDLORD NAME:		MORTGAGE HOLDER:	
PHONE #:		TOTAL MORTGAGE AMT:	\$
EMAIL:		MORTGAGE PMT (PITI):	\$
RENT AMT:	\$	CURRENT?	

ADDRESS:			
<input type="checkbox"/> SAME AS APPLICANT			
<input type="checkbox"/> RENTED <input type="checkbox"/> OWNED			
FROM:		TO:	REASON FOR LEAVING:
IF RENT:		IF OWN:	
LANDLORD NAME:		MORTGAGE HOLDER:	
PHONE #:		TOTAL MORTGAGE AMT:	\$
EMAIL:		MORTGAGE PMT (PITI):	\$
RENT AMT:	\$	CURRENT?	

ADDRESS:			
<input type="checkbox"/> SAME AS APPLICANT			
<input type="checkbox"/> RENTED <input type="checkbox"/> OWNED			
FROM:		TO:	REASON FOR LEAVING:
IF RENT:		IF OWN:	
LANDLORD NAME:		MORTGAGE HOLDER:	
PHONE #:		TOTAL MORTGAGE AMT:	\$
EMAIL:		MORTGAGE PMT (PITI):	\$
RENT AMT:		CURRENT?	

CO-APPLICANT'S EMPLOYMENT HISTORY

CURRENT EMPLOYER:			
POSITION:		LENGTH OF TIME ON JOB:	
INCOME:	\$	PER (HR, WEEK, MONTH, YEAR)	AVERAGE ANNUAL INCOME: \$
NAME OF CONTACT TO VERIFY INCOME:		PHONE #:	
SUPERVISOR:		EMAIL:	
		PHONE #:	
		EMAIL:	

PREVIOUS EMPLOYER:			
POSITION:		LENGTH OF TIME ON JOB:	
INCOME:	\$	PER (HR,WEEK,MONTH,YEAR)	AVERAGE ANNUAL INCOME: \$
NAME OF CONTACT TO VERIFY INCOME:			PHONE #:
SUPERVISOR:			EMAIL:
			PHONE #:
			EMAIL:

CO-APPLICANT'S CREDIT HISTORY SAME AS APPLICANT

BANK NAME	ACCT.#	BALANCE

	No	Yes	If yes, you MUST answer the following:
Have you ever been evicted?			When? _____ Why? _____
Have you ever been evicted from housing for drug-related criminal activity?			Where? _____ When? _____
Have you ever filed for bankruptcy?			Date filed: _____ Date granted: _____ Date discharged: _____
Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?			When? _____
Are you obligated to pay alimony, child support, or separate maintenance?			Amount? _____
Are you party to a lawsuit?			

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.

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

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 my household & me.

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, previous and current employers, 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; and 2) 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 certification statement listed above. You also acknowledge and agree that any deposit paid to hold a home 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. One27 Residential reserves the right to access your credit report(s) at a later date for collection purposes.

Co-Applicant Signature

Date



Background Verification – Additional Adult Resident

NAME:			
ADDRESS:			
PHONE #:	(H)	(W)	(C)
EMAIL ADDRESS:			
SOCIAL SECURITY #:			
DRIVER LICENSE #/ST:		DATE OF BIRTH:	

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.

	No	Yes	If yes, you MUST answer the following:
Have you ever been evicted from housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____ When? _____
Have you ever been convicted of drug-related activity?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____
Have you ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____
Are you a current illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____
Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____
Have you ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____
Have you currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____
Are you subject to registration under a state sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	When? _____ Details: _____

ADULT RESIDENT 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 my household & me.

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, previous and current employers, 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.

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 certification statement listed above.

Adult Resident Signature

Date