

PARKVIEW CIRCLE APARTMENTS
P.O. Box 1339, Tuscaloosa, AL 35403
(205) 454-0046 FAX (205) 507-4647
APPLICATION FOR RESIDENCY

APPLICANT: _____ DATE OF BIRTH: _____
LAST FIRST MIDDLE MM/DD/YY

DRIVER'S LICENSE NO. _____ STATE _____ SS# _____

CO- APPLICANT: _____ DATE OF BIRTH: _____
FIRST MIDDLE MAIDEN MM/DD/YY

OTHER PERSONS WHO WILL OCCUPY UNIT:

Name Age Relationship Name Age Relationship

Name Age Relationship Name Age Relationship

RESIDENT'S HISTORY:

PRESENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

LANDLORD _____ ADDRESS _____

LANDLORD PH. NO () _____

HOW LONG? _____ MONTHLY PAYMENT _____ REASON FOR MOVING _____

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

LANDLORD _____ ADDRESS _____

LANDLORD PH. NO () _____

HOW LONG? _____ MONTHLY PAYMENT _____ REASON FOR MOVING _____

HAVE YOU EVER BEEN DENIED A LEASED PREMISE? _____ IF YES, EXPLAIN _____

HAVE YOU EVER BEEN EVICTED FROM A LEASED PREMISE? _____ IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY (Whether or not
resulting in a conviction)? _____ IF YES, EXPLAIN _____

EMPLOYMENT INFORMATION:

PRESENT EMPLOYER: _____ POSITION: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: () _____ SUPERVISOR: _____

LENGTH OF EMPLOYMENT: _____ GROSS MONTHLY SALARY: _____

Parkview Circle Apartments Application for Residency

CO- APPLICANT'S EMPLOYER: _____ POSITION: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: () _____ SUPERVISOR: _____

LENGTH OF EMPLOYMENT: _____ GROSS MONTHLY SALARY: _____

OTHER INCOME: SOURCE: _____ AMOUNT: _____

VEHICLE INFORMATION: (LIST ALL VEHICLES TO BE PARKED ON PREMISES)

TWO VEHICLE LIMIT UNLESS APPROVED BY MANAGER

COMMERICAL TRUCKS/VANS AND ALTERED VEHICLES ARE NOT ALLOWED

YEAR & MAKE: _____ COLOR: _____ LICENSE PLATE NO. & STATE: _____

YEAR & MAKE: _____ COLOR: _____ LICENSE PLATE NO. & STATE: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

DAY PHONE # () _____ NIGHT PHONE # () _____

CELL PHONE # () _____ OTHER PHONE # () _____

ARE YOU SUBJECT TO TRANSFER? YES () NO () DO YOU HAVE A WATERBED? YES () NO ()

DO YOU HAVE A PET? YES () NO () SIZE _____ LBS. SPECIES _____

APPLICANT HAS DEPOSITED HERewith THE SUM OF \$ _____ THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED. THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT IT IS SUBJECT TO ACCEPTANCE BY THE LESSOR. THE APPLICANT AGREES THAT HE SHALL NOT HAVE ANY RIGHT TO OCCUPY ANY OF THE PREMISES OF THE LESSOR UNTIL THE EXECUTION BY THE APPLICANT AND BY THE LESSOR OF A WRITTEN LEASE OF A PARTICULAR APARTMENT.

THE APPLICANT AGREES THAT THE AFOREMENTIONED DEPOSIT IS NOT A RENTAL PAYMENT AND WILL NOT BE APPLIED TOWARD ANY RENTAL PAYMENT THE APPLICANT FURTHER AGREES THAT IN THE EVENT THE APPLICATION IS APPROVED (THE APPROVAL AND THE TIME THEREOF BEING IN THE SOLE DISCRETION OF THE LESSOR) AND THE APPLICANT FAILS OR REFUSES TO ENTER INTO THE CONTEMPLATED LEASE WITHIN SEVEN DAYS OF THE APPROVAL OF THIS APPLICATION, THE LESSOR SHALL RETAIN SAID DEPOSIT AS LIQUIDATED DAMAGES COVERING THE COSTS OF TAKING AND PROCESSING OF THIS APPLICATION.

IN THE EVENT THIS APPLICATION IS NOT APPROVED OR THE LEASE IS NOT EXECUTED FOR ANY REASON FOR WHICH THE LESSOR IS RESPONSIBLE, SAID DEPOSIT WILL BE RETURNED TO THE APPLICANT. UPON EXECUTION OF THE CONTEMPLATED LEASE BY THE APPLICANT AND THE LESSOR, SAID DEPOSIT SHALL BE APPLIED TOWARDS THE DEPOSIT REQUIRED IN SAID LEASE AGREEMENT.

The above information is correct to the best of my knowledge and I understand that any false information will disqualify this application and I will forfeit all deposits. It is understood that the above information will be held strictly confidential. I authorize Management to verify the information provided in this application by making the following inquiries: 1) Verification of wages and salary information. 2) Verification of previous places of residence, including payment history and any other pertinent information. 3) A current credit inquiry through the Credit Bureau and/or other references listed on the application. I understand that if the information received from the above listed inquiries does not fall within the guidelines of the Rental Procedures and Rental Criteria as established by the Management, that my application may be denied.

THIS APPLICATION HAS BEEN REVIEWED, AND _____ IS (IS NOT) APPROVED.

SIGNATURE OF APPLICANT(S) _____ DATE _____

CONTACT PHONE NUMBER FOR FOLLOW-UP: () _____ OR () _____

SIGNATURE OF MANAGER _____ DATE _____ DOC. REV 3/3/06



"We are an equal housing opportunity provider. We provide rental housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes."