



Requested Rental Location: _____
 Desired Dates of Stay: _____
 Number of Bedrooms Needed: _____
 Quoted Rent Amount: \$ _____

Individual Rental Application

Please print form, complete all sections and fax to 205-978-8892.

A security deposit of \$200.00 is required before move-in date and will be refunded to the Applicant if there is no outstanding balance remaining for any reason regarding the rented apartment. Deposit will be forfeited if apartment lease/obligations are not fulfilled by applicant. Any forfeiture of deposit does not credit towards any balance owed. I understand that I will be responsible for all collection fees in the event of any default. I understand that this deposit will hold the requested apartment and that the amount will be forfeited if I decide not to take the apartment and fail to give cancellation notice within 72 hours of submitting this application. Upon vacating, a minimum charge of \$50 will be deducted for housekeeping / redecorating fees. _____ **INITIALS**

I agree to provide Premier Living Services, Inc. a **two week (14 day) written notice** before vacating the rented apartment. _____ **INITIALS**
 There is a \$25.00 application fee that will be refunded if /when the applicant enters into a lease agreement. _____ **INITIALS**

Pets: Yes No How Many: _____ Type(s): _____ Size(s): _____
 If pet is approved by Premier Living Suites, there will be a \$150.00 non-refundable fee for one (1) pet and a \$250.00 non-refundable fee for two (2) pets. **COST \$** _____ **INITIALS**

APPLICANT INFORMATION

Full Name: _____ Date of Birth ____/____/____
 SSN#: _____ - _____ - _____ Driver's License Number and State: _____
 Present Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Present Phone Number: _____ Mobile Phone: _____
 E-mail: _____ Reason for Stay: Temporary Need Relocating
 Closest Relative/Secondary Address: _____
 Have you ever filed bankruptcy? Yes No Have you ever been convicted of a felony? Yes No

EMPLOYMENT INFORMATION

Employer: _____ Business Phone Number: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____
 Position: _____ Salary per month: \$ _____
 Supervisor's Name: _____ Phone Number: _____

PAYMENT INFORMATION

Deposit Payment: Cash Check Credit Card Direct Bill
 Rent Payment: Cash Check Credit Card Direct Bill
 Credit Card #: _____ Expiration Date: _____
 Type of Credit Card: Master Card Visa American Express Discover
 Approval Signature to Charge Credit Card: _____
 Direct Billing Address: _____ Suite #: _____
 City: _____ State: _____ Zip Code: _____ Attn: _____

I understand that I am responsible for long distance charges and internet services _____ **INITIAL**
 Do you need apartment finding or real estate assistance? Yes No Type of Assistance: _____
 How did you hear about our services? Yellow pages Back cover of phone book Newspaper Magazine Referral
 Other _____

I acknowledge that the information provided in this application is true and correct to the best of my knowledge. Premier Living Services, Inc. is authorized to make any investigation in my personal, financial and/or credit history through any investigative or credit agencies or bureaus.

*Applicant's Signature: _____ Date: _____