

IVY GREEN AT THE SHOALS APARTMENT HOMES, LLC RENTAL APPLICATION

APPLICANT

CO-APPLICANT

NAME: _____

NAME: _____

PRESENT ADDRESS: _____

PRESENT ADDRESS: _____

CITY STATE ZIP

CITY STATE ZIP

YEARS AT ADDRESS: _____ YOUR PHONE #: _____

YEARS AT ADDRESS: _____ YOUR PHONE #: _____

E-MAIL: _____

E-MAIL: _____

OWNER, MANAGER, OR MORTGAGE COMPANY: _____

OWNER, MANAGER OR MORTGAGE COMPANY: _____

ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

BIRTH DATE: _____ SS#: _____

BIRTH DATE: _____ SS#: _____

DRIVER'S LICENSE #: _____ STATE: _____

DRIVER'S LICENSE #: _____ STATE: _____

CURRENT EMPLOYER: _____

CURRENT EMPLOYER _____

ADDRESS: _____

ADDRESS: _____

POSITION: _____ SALARY: _____

POSITION: _____ SALARY: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S NAME: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

NAMES OF OTHER PERSONS TO OCCUPY APARTMENT:

BANK REFERENCE: _____
BANK NAME ADDRESS TYPE OF ACCOUNT

HAVE YOU EVER BROKEN A LEASE OR BEEN EVICTED FROM ANY TYPE OF HOUSING: YES NO

HAVE YOU EVER BEEN CHARGED WITH A FELONY OR MISDEMEANOR? YES NO

HOW MANY AUTOS (INCLUDING COMPANY CARS) WOULD YOU KEEP AT THIS ADDRESS?

MAKE _____ MODEL _____ COLOR _____ YEAR _____ TAG # _____

MAKE _____ MODEL _____ COLOR _____ YEAR _____ TAG # _____

DO YOU OWN ANY RECREATIONAL VEHICLES, VANS, TRUCKS, BOATS OR MOTORCYCLES? YES NO IF YES, SPECIFY:

DO YOU KEEP ANY ANIMALS? YES NO IF YES, HOW MANY? _____ WHAT TYPE? _____ WEIGHT _____

HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT INFORMATION:

NAME ADDRESS PHONE

I/WE UNDERSTAND THERE IS A **\$50.00** NON-REFUNDABLE APPLICATION FEE CHARGED FOR **EACH** CREDIT APPLICANT. I/WE CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT AS ANY FALSIFIED INFORMATION WILL RESULT IN IMMEDIATE REJECTION OF THE APPLICATION. I/WE AUTHORIZE PANKEY PROPERTIES, LLC TO OBTAIN NECESSARY CREDIT AND CHARACTER INFORMATION FOR CONSIDERATION OF THIS APPLICATION. IF THIS APPLICATION IS ACCEPTED, I/WE UNDERSTAND A DEPOSIT IN THE AMOUNT OF **\$150.00** AND A NON-REFUNDABLE ADMINISTRATION FEE IN THE AMOUNT OF **\$150.00** WILL BE REQUIRED TO HOLD THE APARTMENT UNTIL I/WE TAKE POSSESSION. I/WE UNDERSTAND THIS APPLICATION MAY BE CANCELLED BY WRITTEN NOTICE WITHIN 72 HOURS OF THE APPLICATION DATE AND RECEIVE A FULL REFUND OF THE SECURITY DEPOSIT WITHIN 30 DAYS OF THE CANCELLATION.

APPLICANT SIGNATURE DATE

CO-APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY		
APT # _____	RENT _____	MOVE-IN DATE _____
CONCESSION / OTHER _____		_____
		MGR APPROVAL _____