



Prudential
Cooper & Co. Inc.,
REALTORS®

MAIN OFFICE:
411 Azalea Road, Mobile, AL. 36609
TEL. (251) 344-5925 FAX (251) 342-3033

MOBILE OFFICES:
7675 Cottage Hill Rd., Mobile, AL. 36695 639-4006 FAX 639-4009
1055 Hillcrest Rd., Ste A-1, Mobile, AL. 36695 639-4000 FAX 639-4004

BALDWIN COUNTY OFFICE:
21545 Hwy 59, suite F, Robertsdale, AL 36567 968-5925 FAX 968-4272
RESORT PROPERTIES/VACATION RENTALS:
216 East 20th Ave, Gulf Shores, AL. 36542- 968-8423 FAX 968-4272

COMMERCIAL SERVICES:
900 Hillcrest Rd, Mobile, AL 36609 – 639-4007 FAX 639-4018
PROPERTY MANAGEMENT:
413B Azalea Road, Mobile, AL. 36609 – 343-5241 FAX 650-0147

RENTAL APPLICATION
WEB SITE WWW.MOBILEALRENTALS.COM
RENTAL DEPARTMENT DIRECT LINE 343-5241
FACSIMILE (251) 650-0147

PROPERTY MANAGER: JINGER LEVERETT LEASING AGENT: MAGGIE YOUNG
ADMIN ASSISTANT: ANNA SLAUGHTER MAINTENANCE: JEANNE SEAMAN
LEASING AGENT: GAY WOODS BOOK KEEPER: ANGELA REHWINKEL
LEASING AGENT: JO-ANN GASTON

DATE _____ **BEST CONTACT NUMBER** _____

PROPERTY YOU WISH TO RENT _____

RENT OFFERED _____ **LENGTH OF LEASE** _____ **MOVE IN DATE** _____

Please complete the application giving ALL of the pertinent details. If you need more room, please use additional paper. This information provides the basis for our selection of the best tenants for all of our properties. **Furthermore, any misrepresentation or omissions of facts requested can be basis for disapproval of this application.**

NAME _____ **BIRTH DATE** _____ **SS#** _____
(LAST) (FIRST) (MIDDLE)

SPOUSE _____ **BIRTH DATE** _____ **SS#** _____
(LAST) (FIRST) (MIDDLE)

MAIDEN NAME: _____

PRESENT ADDRESS _____
(CITY) (STATE) (ZIP)

HOW LONG OCCUPIED _____ **HOME PHONE #** _____ **WORK PHONE #** _____

PROPERTY OWNER (LANDLORD)S NAME _____ **PHONE** _____
RENTAL RATE OR MORTGAGE AMOUNT _____

If you have lived at the present address for less than two years, please give previous address and information:

PREVIOUS ADDRESS _____
(CITY) (STATE) (ZIP)

OWNERS NAME _____ **PHONE #** _____

RENTAL RATE OR MORTGAGE AMOUNT _____

HOW LONG OCCUPIED _____

LIST ANY OTHER OCCUPANTS THAT WILL BE LIVING IN THE PROPERTY, THEIR AGE, RELATIONSHIP AND SOCIAL SECURITY NUMBER.

LAST NAME	FIRST NAME	RELATION	BIRTH DATE	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOW MANY SMOKERS IN THE HOUSEHOLD? _____

HAVE YOU EVER BEEN EVICTED? _____ **HAVE YOU BEEN CONVICTED OF A FELONY?** _____

IF YES TO EITHER QUESTION, PLEASE EXPLAIN _____

EMPLOYER NAME _____

ADDRESS _____

POSITION _____

HOW LONG _____

SUPERVISOR _____

PHONE NUMBER _____

MONTHLY TAKE HOME _____

SPOUSE EMPLOYER _____

ADDRESS _____

POSITION _____

HOW LONG _____

SUPERVISOR _____

PHONE NUMBER _____

MONTHLY TAKE HOME _____

IF YOU HAVE BEEN EMPLOYED FOR LESS THAN TWO YEARS PLEASE PROVIDE PREVIOUS EMPLOYMENT INFORMATION.

PREVIOUS EMPLOYER _____
ADDRESS _____
POSITION _____ PHONE NUMBER _____
SUPERVISOR _____ MONTHLY TAKE HOME _____
OTHER SOURCE OF INCOME _____
PLEASE LIST INCOME-ONLY IF IT MAY BE VERIFIED BY OUR OFFICE.

MAKE OF AUTO: _____ YEAR _____ TAG # _____ LICENSE # _____
MAKE OF AUTO: _____ YEAR _____ TAG # _____ LICENSE # _____

HOW MANY VEHICLES WILL BE PARKED AT THE PREMISES? _____
DO YOU OWN BOATS OR TRAILERS THAT WILL BE PARKED AT THE PREMISES? _____
IF SO, HOW MANY AND WHAT TYPE? _____

NO VEHICLES WITHOUT A CURRENT TAG OR THAT WILL NOT RUN ARE ALLOWED TO BE PARKED AT THE PREMISES.

DO YOU HAVE ANY PETS? YES _____ NO _____ HOW MANY _____ INSIDE/OUTSIDE?
WHAT KIND AND/OR BREED? - _____

IN CASE OF EMERGENCY, WE MUST HAVE NAMES OF TWO PEOPLE WE CAN CONTACT, PREFERABLY RELATIVE, IF POSSIBLE.

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
RELATIONSHIP: _____ RELATIONSHIP: _____
AREA CODE/PHONE #: _____ AREA CODE/PHONE#: _____

This application is made for the express purpose of inducing the Owner to execute a lease agreement with the applicant. Applicant acknowledges that the below referenced fee carries certain limitations and conditions:

1. Non-interest bearing.
2. Non-refundable in that it will be used to cover the expense of taking and processing this application.
3. Applicant acknowledges that this application is subject to acceptance of Owner and execution of lease covering stated premises. **Therefore, signature of applicant authorizes credit and security checks necessary for approval of this application.**
4. **Applicant acknowledges that signature authorizes verification of income, employment, and rental history.**

THIS APPLICATION IS RECEIVED WITHOUT RESPECT TO RACE, CREED, COLOR, SEX, OR NATIONAL ORIGIN. THIS IS AN EQUAL OPPORTUNITY HOUSING OFFICE.

*****APPLICATION FEE IS SET AT \$40.00, FOR ADULT FAMILY MEMBERS***
ADDITIONAL FEE REQUIRED FOR NON-FAMILY ADULT RESIDENT**

When signed, this constitutes a binding agreement. Tenant herewith deposits \$ _____ in the form of _____, as evidence of good faith to be held by Prudential Cooper & Co., Inc., in an escrow account. Upon approval of application deposit will be applied to the Damage Deposit. If these terms are not acceptable to owner or if application is not acceptable to owner, the deposit will be refunded in full. In the event of default by tenant all deposits made hereunder will be forfeited as liquidated damages at owners' election.

Owner and Tenant understands that the Real Estate Agents and their company are not principals in this transaction and are not to be held liable for non-performance of this Agreement. The contents of this Agreement have been read by me and fully explained to me by the Real Estate Agent serving me in this transaction.

TENANT _____ DATE _____

TENANT _____ DATE _____

(Please sign as you wish your name to appear on the lease).

AGENT: _____
PROPERTY MUST BE PHYSICALLY SHOWN BY SIGNING AGENT.

CERTIFIED FUNDS REQUIRED AT LEASE SIGNING.