

FAX TRANSMITTAL COVERSHEET

DATE: _____

FROM: _____

TO: _____

RE: APPLICATION FOR APARTMENT

APPLICATION FOR RENTAL
(CHECKLIST)

1. Review the Rental Qualifications Guidelines.
2. Complete the Residency Application in its entirety. All Applicant(s) must sign the Application.
3. Fill out the TOP(resident portion) of the employment and rental verification forms and/or enclose copies of the last two recent paycheck stubs.
4. Debit Authorization for the Fee(s) and Deposit(s) have been entered into the Residency Application or a check or money order made payable to Monte Sano Terrace. Please check with your leasing professional if you are unsure of the amounts due.
5. **SUBMIT** the Application and all required documents via:
FAX: 256.536.6915 (or)
EMAIL: scanned (PDF) copy to manager@montesanoterrace.com (or)
MAIL: Monte Sano Terrace, Attn: Property Manager, 125 Ridgeway Place, Huntsville, AL 35801.

Once your application has been entered into our system, you will receive an email inviting you to join our resident portal. Once you create an account, you will be able to track the status of your Application as we complete and verify all the information.

We can't wait for you to call Monte Sano Terrace your new home!

Monte Sano Terrace

125 Ridgeway Place • Huntsville, AL 35801

p. 256.536.6707 f. 256.536.6915 w. montesanoterrace.com

THIS APPLICATION IS NOT A LEASE AGREEMENT.



APPLICATION FOR RESIDENCY

APPLICANT'S NAME _____ DOB _____ SS# _____
FIRST MIDDLE LAST

EMAIL ADDRESS: _____ HOME # _____

APPLICANT'S STATE & DRIVER'S LICENSE _____ CELL# _____
LICENSE # STATE

Each occupant/applicant must submit a separate application unless the applicant and co-applicant share joint consumer credit.

CO-APPLICANT/ SPOUSE NAME _____ DOB _____ SS# _____
FIRST MIDDLE LAST

EMAIL ADDRESS: _____ HOME # _____

CO-APPLICANT'S STATE & DRIVER'S LICENSE _____ CELL# _____
LICENSE # STATE

OTHER OCCUPANTS
NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____
NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

12 months of resident history, including dormitory residency required.

RESIDENT HISTORY
 OWN PRESENT ADDRESS _____
STREET APT.# CITY STATE ZIP
 RENT DATES _____ - _____
 OTHER FROM TO PRESENT LANDLORD/MGMT CO. APT COMMUNITY/MORTGAGE CO. PHONE #
MONTHLY PAYMENT \$ _____ REASON FOR MOVING _____

If less than two years at current address, please provide previous address.

OWN PREVIOUS ADDRESS _____
STREET APT.# CITY STATE ZIP
 RENT DATES _____ - _____
 OTHER FROM TO PRESENT LANDLORD/MGMT CO. APT COMMUNITY/MORTGAGE CO. PHONE #
MONTHLY PAYMENT \$ _____ REASON FOR MOVING _____

HAS APPLICANT OR CO-APPLICANT EVER BEEN EVICTED FROM ANY LEASED PREMISES? NO YES
HAVE YOU OR THE CO-APPLICANT EVER BEEN CONVICTED OF A FELONY? NO YES

12 months of employment history including student status is required.

EMPLOYMENT HISTORY
PRESENT/FUTURE EMPLOYER _____ POSITION _____
BUSINESS ADDRESS _____ BUS # _____
STREET CITY STATE ZIP
SUPERVISOR _____ EMPLOYED SINCE _____
PREVIOUS EMPLOYER _____ POSITION _____
BUSINESS ADDRESS _____ BUS # _____
STREET CITY STATE ZIP
SUPERVISOR _____ EMPLOYED SINCE _____
CO-APPLICANT EMPLOYER _____ POSITION _____
BUSINESS ADDRESS _____ BUS # _____
STREET CITY STATE ZIP
SUPERVISOR _____ EMPLOYED SINCE _____

INCOME
ANNUAL SALARY - PRIMARY APPLICANT (INCLUDING FEES, TIPS, COMMISSIONS, AND BONUSES) \$ _____
ANNUAL SALARY -CO-APPLICANT + \$ _____
ADDITIONAL ANNUAL INCOME (CHILD SUPPORT, STOCK DIVIDENDS, INVESTMENTS, ETC.) + \$ _____
SOURCE OF ADDITIONAL INCOME _____
TOTAL ANNUAL HOUSEHOLD INCOME* = \$ _____

* The total annual household income amount is how the income qualifications are determined. Please review the Qualifications Standards for this community. The Qualifications Standards can be found on our website or a member of management can furnish it to you upon request.

If primary applicant is self-employed, we must be furnished with an accountant's version of your most recent tax return. All income must be verified (see qualification standards). Copies of your two most recent paycheck stubs and/or the employment verification form submitted with your application can help facilitate the application process.

I.C.E. In case of emergency contact

NAME	Relationship	Phone Number
_____	_____	_____

VEHICLES

YEAR/MAKE/COLOR _____	AUTO TAG# & STATE _____
YEAR/MAKE/COLOR _____	AUTO TAG# & STATE _____
OTHER _____	AUTO TAG# & STATE _____

PETS

DO YOU OWN ANY PETS? NO YES IF YES, HOW MANY? _____

BREED	WEIGHT	COLOR	NAME
_____	_____	_____	_____
_____	_____	_____	_____

SOURCE

How did you Hear about us? INTERNET LEADS: APARTMENTS.COM APARTMENTFINDER.COM APARTMENTGUIDE.COM OTHER: _____

(MARK ONE SOURCE) REFERRAL: DRIVE-BY PREVIOUS RESIDENT RADIO AD OTHER: _____

Consent. By signing below, I am stating that the information I have provided in this application is true, correct, and complete. All persons and firms named in this application may freely give any information concerning me that is requested, and I waive all rights of action that I may have for any consequence resulting from such information. By signing below, I authorize the management company, owner, subsidiaries, and affiliates to release all information contained in this application on my behalf and for my benefit.

Notice of Resident Selection Criteria. I acknowledge that management may obtain a background report in connection with my application and that such report may include information on my credit and criminal histories. I also acknowledge that my application may be rejected based on information contained in such reports. By signing below, I further acknowledge that I have had the opportunity to review Community Qualification Standards which include: (1) criminal history, (2) previous rental history, (3) current income, (4) credit history, (5) failure to provide accurate or complete information on the application form, and (6) any other legitimate non-discriminatory information that might be relevant to the resident selection process. If I do not meet the selection criteria, or if I provide inaccurate or incomplete information, I further acknowledge that my application may be rejected and, as provided below, my non-refundable application fee will not be refunded.

Deposits. I acknowledge that the security (reservation) deposit to retain the unit by management will become my unit security deposits and that other fees will be applied to my account as listed upon the execution of my lease. I further acknowledge that all non-refundable fees are not part of any security deposit.

Disqualification. If my application is declined for any reason, I understand that all deposit(s) paid will be returned. I understand that any fees paid in connection with this application will never be refunded after I sign this application.

Cancellation. If I cancel this application after 72 hours of submitting it to management, or if I fail to occupy the premises at the agreed upon time for any reason, I understand that management will keep my non-refundable application fee, administrative fees, and any security deposit(s) as liquidated damages. I acknowledge that any injury to the Property Management Company and/or its owners caused by my cancellation of this application after 72 hours or my failure to occupy the premises at the agreed upon time is too difficult to accurately estimate. I therefore agree that management and I intend to provide for damages rather than a penalty in these situations, and that management's retention of the sums set forth above is a reasonable estimate of management's probable loss from such a cancellation or refusal to occupy the premises.

Personal check, money order, or bank draft required to process this application. This community does not accept cash.

DEPOSITS AND FEES

	REQUIRED AMOUNTS
Application Fee*	\$ _____
Administrative Fee**	+ \$ _____
Security Deposit**	+ \$ _____
TOTAL DUE TODAY	= \$ _____

*The required application fee must be included/processed with this application.

ACH CHECK DRAFT

Bank Name	
Name on Account	
Account Holder's Address	Street
City	State Zip
Routing Number	
Account Number	

**The security deposit is required to hold a unit once the application has been processed and approved. The non-refundable administrative fee is per apartment, not applicant.

Account Holder's Signature _____ Date _____

I (we) hereby authorize debit entries to my (our) account indicated above, and to debit or credit the same such account.

▼ SIGN HERE

Applicant Signature _____ Date _____

Co- Applicant Signature _____ Date _____

Witness _____ Date _____

OFFICE USE ONLY

Approved Denied Requires a Guarantor

Approved w/Conditions

Spec. Stipulations _____

MGR Initials _____ Date _____

TO BE COMPLETED BY APPLICANT

Apartment Plan Desired	Level Desired <input type="checkbox"/> Upstairs <input type="checkbox"/> Walk-on <input type="checkbox"/> Terrace Level*
Move-In Date	* Terrace level may require stair access to access apartment home.
Apartment No. Desired	Lease Term Desired
Leasing Consultant	Rent Amount