Date when filled out:

<b>ABOUT YOU</b> Full name (exactly as on driver's license or govt. ID card)	YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have
Your street address (as shown on your driver's license or government ID card):	you, your spouse, or any occupant listed in this Application ever:  been evicted or asked to move out?  moved out of a dwelling before the end of the lease term without the owner's consent?  declared bankruptcy?  been sued for rent?  been sued for property damage?  been convicted (or received an alternative form of adjudication equivalent to conviction)
Driver's license # and state:	of a felony, misdemeanor involving a controlled substance, violence
OR govt. photo ID card #: Former last names (maiden and married):	to another person, or destruction of property, or a sex crime? Please indicate below the year, location and type of each felony, misdemeanor
Your Social Security #:	involving a controlled substance, violence to another person or destruction
Birthdate: Height: Weight:	of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.
Sex: Eye color:	You represent the answer is "no" to any item not checked above.
Marital Status:  single  Married  divorced  widowed  separated	
Are you a U.S. citizen? ☐ Yes ☐ No Do you or any occupant smoke? ☐ Yes ☐ No	
Will you or any occupant have an animal? ☐ Yes ☐ No	
Kind, weight, breed, age:	
	YOUR SPOUSE Full name:
Current home address (where you now live):	Former last names (maiden and married):
City/Clate/7im	Spouse's Social Security #:
City/State/Zip:	Driver's license # and state:
Home/cell phone: Currentrent: \$ Email address:	OR govt. photo ID card #:
Name of apartment where you now live:	Birthdate: Height: Weight:
Current owner or manager's name:	Sex: Eye color:
Their phone: Date moved in:	Are you a U.S. citizen? 🔲 Yes 🔲 No
Why are you leaving your current residence?	Presentemployer:
	Address:
Your previous home address:	City/State/Zip:
Tour previous nome address.	Workphone:
City/State/Zip:	Position:
Apartment name:	Date began job: Gross annual income is over: \$
Name of above owner or manager:	Supervisor's name and phone:
Their phone: Previous monthly rent: \$	OTHER OCCUPANTS  Names of all persons under 19 and other adults who will
Date you moved in: Date you moved out:	occupy the unit without signing the lease. Continue on separate page if more than three.  Name: Relationship:
	Sex:DLorgovt.IDcard#&State:
YOUR WORK Present employer:	Birthdate: Social Security #:
Address.	50clar5ecurity #
Address:	Name: Relationship:
City/State/Zip:	-
City/State/Zip:	Name: Relationship:
City/State/Zip:	Name: Relationship:   Sex: DL or govt. ID card # & State:   Birthdate: Social Security #:   Name: Relationship:
City/State/Zip:	Name: Relationship:
City/State/Zip:	Name: Relationship:
City/State/Zip:	Name: Relationship:
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: DL or govt. ID card # & State: Birthdate: Social Security #: Social Security #: Social Security #: YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on
City/State/Zip:	Name: Relationship:
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: PL or govt. ID card # & State: PL or govt. ID card # & State: Birthdate: Social Security #: YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
City/State/Zip:	Name: Relationship:
City/State/Zip:	Name: Relationship: Sex: DL or govt. ID card # & State: Birthdate: Social Security #: Name: Relationship: Sex: DL or govt. ID card # & State: Birthdate: Social Security #:  YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three. Make and color of vehicle: Year: License #: State:
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: \$	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: PL or govt. ID card # & State: Birthdate: Social Security #:
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: Dates you began and ended this job:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: PL or govt. ID card # & State: PL or govt. ID card # & State: Sex: DL or govt. ID card # & State: Birthdate: Social Security #:
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: PL or govt. ID card # & State: PL or govt. ID card # & State: Social Security #: Social Security #: PUR VEHICLES
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: Dates you began and ended this job:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: PL or govt. ID card # & State: Birthdate: DL or govt. ID card # & State: Birthdate: Social Security #:   YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.  Make and color of vehicle: State: State: Make and color of vehicle: State:
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: PL or govt. ID card # & State: PL or govt. ID card # & State: Birthdate: Social Security #: Social Security #: YOUR VEHICLES
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY Your bank's name, city, state:  List major credit cards:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: Relationship: & State: Birthdate: DL or govt. ID card # & State: Birthdate: Social Security #:   YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.  Make and color of vehicle: State: State: Make and color of vehicle: State:
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: Pelationship: & State: Birthdate: DL or govt. ID card # & State: Birthdate: Social Security #: YOUR VEHICLES
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY Your bank's name, city, state:  List major credit cards: Other non-work income you want considered. Please explain:	Name: DL or govt. ID card # & State:  Birthdate: Social Security #:  Name: Relationship:  Sex: DL or govt. ID card # & State:  Birthdate: Social Security #:  YOUR VEHICLES
City/State/Zip:  Workphone:  Position:  Your gross annual income is over:  Supervisor's name and phone:  Previous employer:  Address:  City/State/Zip:  Workphone:  Position:  Gross annual income was over:  Dates you began and ended this job:  Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state:  List major credit cards:  Other non-work income you want considered. Please explain:  Past credit problems you want to explain. (Use separate page.)	Name: DL or govt. ID card # & State: Birthdate: Social Security #: Name: DL or govt. ID card # & State: Birthdate: Social Security #:  Name: DL or govt. ID card # & State: Birthdate: Social Security #:  YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.  Make and color of vehicle: State:  Year: License #: State:  Make and color of vehicle: State:  Year: License #: State:  EMERGENCY Emergency contact person over 18, who will not be living with you:  Name: Address: Homephone:  Relationship: Homephone:
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY Your bank's name, city, state:  List major credit cards: Other non-work income you want considered. Please explain:	Name: DL or govt. ID card # & State:  Birthdate: Social Security #:  Name: Relationship:  Sex: DL or govt. ID card # & State:  Birthdate: Social Security #:
City/State/Zip: Workphone: Position: Your gross annual income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Work phone: Position: Gross annual income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY Your bank's name, city, state:  List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE Were you referred? \( \text{ Yes} \) No  If yes, by whom:	Name: DL or govt. ID card # & State: Birthdate: SocialSecurity #: Name: Relationship: & State: Birthdate: DL or govt. ID card # & State: Birthdate: SocialSecurity #: YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.  Make and color of vehicle: State: State: Make and color of vehicle: State: State: State: Make and color of vehicle: State: State: State: State: Make and color of vehicle: State: State: State: Make and color of vehicle: State: State: State: Make and color of vehicle: State:
City/State/Zip: Workphone: Position: Your gross annual income is over: Date you began this job: Supervisor's name and phone: Previous employer: Address: City/State/Zip: Workphone: Position: Gross annual income was over: Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY Your bank's name, city, state:  List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE Were you referred?  Yes  No  If yes, by whom: Name of locator or rental agency:	Name: Relationship: & State: Birthdate: SocialSecurity #: Relationship: Relationship: Relationship: Sex: DL or govt. ID card # & State: Birthdate: SocialSecurity #: SocialSecurity #: YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
City/State/Zip: Work phone: Position: Your gross annual income is over: Supervisor's name and phone:  Previous employer: Address: City/State/Zip: Work phone: Position: Gross annual income was over: Dates you began and ended this job: Previous supervisor's name and phone:  YOUR CREDIT HISTORY Your bank's name, city, state:  List major credit cards: Other non-work income you want to explain. (Use separate page.)  WHY YOU APPLIED HERE Were you referred? Yes No  If yes, by whom: Name of individual locator or agent: Name of individual locator or agent:	Name: DL or govt. ID card # & State: Birthdate: SocialSecurity #: Name: PL or govt. ID card # & State: Birthdate: DL or govt. ID card # & State: Birthdate: SocialSecurity #: SocialSecurity #: YOUR VEHICLES
City/State/Zip:	Name: DL or govt. ID card # & State: SocialSecurity#: Name: DL or govt. ID card # & State: Birthdate: DL or govt. ID card # & State: Birthdate: DL or govt. ID card # & State: SocialSecurity#: YOUR VEHICLES
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: SocialSecurity #: Name: PL or govt. ID card # & State: PL or govt. ID card # & State: PL or govt. ID card # & State: Birthdate: SocialSecurity #: SocialSecurity #: PL or govt. ID card # & State: PL or govt. ID card #
City/State/Zip:  Workphone:  Position:  Your gross annual income is over: \$  Date you began this job:  Supervisor's name and phone:  Previous employer:  Address:  City/State/Zip:  Workphone:  Position:  Gross annual income was over: \$  Dates you began and ended this job:  Previous supervisor's name and phone:  YOUR CREDIT HISTORY  Your bank's name, city, state:  List major credit cards:  Other non-work income you want considered. Please explain:  Past credit problems you want to explain. (Use separate page.)  WHY YOU APPLIED HERE  Were you referred?  Yes  No  If yes, by whom:  Name of individual locator or agent:  Name of friend or other person:  Did you find us on your own? Yes  No  If yes, fill in information below:  Onthe Internet  Stopped by Newspaper (name):	Name:
City/State/Zip:	Name: DL or govt. ID card # & State: Birthdate: SocialSecurity #: Name: PL or govt. ID card # & State: PL or govt. ID card # & State: PL or govt. ID card # & State: Birthdate: SocialSecurity #: SocialSecurity #: PL or govt. ID card # & State: PL or govt. ID card #

## **Contemplated Lease Contract Information**

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The National Apartment Association Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:  $\bullet$  Names of all residents who will sign Lease Contract  $\_$ • Prorated rent for: **☒** first month or **☐** second month \$\_ • Monthly rental due date  $\bullet$  Late charges due if rent is not paid on or before the  $\_$ •Name of Owner/Lessor Old Shell Lofts • Initial late charge \$\_\_\_\_; Daily late charge \$\_\_\_\_; 35.00 • Returned-check charge \$ \_ • Property name and type of dwelling (bedrooms and baths) • (Check one): ☐ furnished or ☒ unfurnished; • Utilities paid by owner (check all that apply):  $\square$  electricity,  $\square$  gas, • Complete street address 1706 Old Shell Road City/State/Zip Mobile, AL 36604 □ water, □ wastewater, □ trash, □ cable TV, □ master TV antenna; • Names of all other occupants not signing Lease Contract (persons under age • You are (check one): 🛮 required to purchase personal liability insurance or  $\ \square$  not required to purchase personal liability insurance; 18, relatives, friends, etc.) Agreed reletting charge \$ \_\_\_ Total number of residents and occupants \_\_\_\_\_\_ • Special provisions regarding parking, storage, etc. (see attached page, • Beginning date and ending date of Lease Contract \_\_\_ if necessary):  $\bullet \ \, \text{Total security deposit} \, \$ \underline{ \ \ \ \ \ \ } \, 200.00 \underline{ \ \ } ; \\ \text{Animal deposit} \, \$ \underline{ \ \ } \, \underline{ \ \ \ } \, \underline{ \ \ \ } \, \underline{ \ \ \, } \, \underline{ \ \ } \, \underline{ \$ • Other fees \$\_ • Total monthly rent for dwelling unit \$ \_ **Application Agreement** Apartment Lease Contract Information. The Apartment Lease 8. Completed Application. An Application will not be considered Contract (referred to as "Lease Contract" or "Lease") contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current NAA Lease Contract. Special information and "completed" and will not be processed until all of the following have been provided to us (unless checked): 

a separate Application has been fully filled out and signed by you and each co-applicant;  $\square$  an application fee conditions must be explicitly noted on an attached Lease Contract or in has been paid to us; an application deposit has been paid to us. If no item is checked, all are necessary for the Application to be considered completed. the Contemplated Lease Information. **Application Fee (nonrefundable).** You have delivered to our representative an application fee in the amount indicated below, and this payment partially Non-approval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your Application defrays the cost of administrative paperwork. It's nonrefundable. will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that Application Deposit (may or may not be refundable). In addition to any application beposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. The application deposit is not a security deposit. However, it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 10 if you are not approved; OR it notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement. **10. Refund after Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant. will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7. **Approval When Lease Contract Is Signed in Advance.** If you and all coapplicants have already signed the Lease Contract when we approve the 11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit. holiday, the deadline will be extended to the end of the next day. 12. Notice to or from Co-applicants. Any notice we give you or your co-Approval When Lease Contract Isn't Yet Signed. If you and all coapplicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants. applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all 13. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents referred to in the Lease Contract; and (2) all applicable applicants toward the required security deposit. rents and security deposits have been paid in full. If You Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or 14. Receipt. Application fee (nonrefundable): \$ Application deposit (may or may not be refundable): \$
Other move-in fees (may or may not be refundable): \$ within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement. Total of above application fee and application deposit:\$ Total amount of money we've received to this date: \$. **15. Signature.** Our representative's signature is consent only to this Application Agreement. It does not bind us to accept applicant or to sign the proposed If You Withdraw Before Approval. You and any co-applicant may not withdraw your application or the application deposit. If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as Lease Contract. liquidated damages, and the parties will then have no further obligation to each other. Acknowledgment. You declare that all your statements in this Application are true and complete. You authorize us to verify same through any means. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.  $If you're seriously ill or injured, what doctor may we notify? (We {\it are not responsible for providing medical information to or calling doctors or emergency personnel.) \\$ Doctor's phone: (\_ Important medical information about you in an emergency: \_ This Rental Application and the Lease Contract are binding documents when signed. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. Applicant's Signature: Signature of Spouse: \_\_\_\_\_\_Signature of Owner's Representative: \_\_\_\_ Date: Date: FOR OFFICE USE ONLY 1. Apt. name or dwelling address (street, city): Old Shell Lofts Unit # or type: Person accepting application: Phone: (\_ Person processing application: Phone: ( Date that applicant or co-applicant was notified by \_ telephone, \_ letter, or \_ in person of \_ acceptance or \_ non acceptance: \_ (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.) Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): 4.

Name of owner's representative who notified above person(s):