

Sonja Fowler & Associates, Inc
1334 Leroy Stevens Rd
Mobile, AL 36695
PH:251-776-1771 FX:251-776-6228
realestatelady5@aol.com

Agent: April Williams 228-219-2291
Broker: Sonja Fowler 251-391-9379

Rental Application

Application Fee is Non Refundable

Rental Complex _____ Date _____

PERSONAL INFORMATION

Full Name _____ Birth Date _____

Present Address _____ SS# _____

City _____ State _____ Zip _____ Phone _____

Email _____

How long have you lived here? _____ Current Rate \$ _____

Previous Address _____ For How Long _____

City _____ State _____ Zip _____

Why Are You Leaving Your Current Property: _____

LandLord Name: _____ Phone Number _____

Have you or anyone occupying the rental ever been arrested/convicted of a crime,
Asked to move, U/D or evicted? YES _____ NO _____

EXPLAIN _____

Have you ever broken a lease or left a rental property with bills outstanding? Yes _____ No _____

Explain: _____

OTHER PERSONS WHO WILL BE OCCUPYING THE RENTAL

Name _____ Relationship _____ DOB _____ SS# _____

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Do you have any pets? YES _____ NO _____ If Yes what type? _____ How Many _____
A pet fee is required.

Approx Weight _____ Approx Age _____ Inside/ Outside or Both _____
Pets may or may not be accepted on our properties. All pets must be approved by owners.
Any pets found on the property not listed will subject tenant to forfeiture of security deposit, \$500.00 fine,
and immediate termination of lease. Applicant Initial _____

EMPLOYMENT

Place of Employment _____ Occupation _____

Address of Employment _____

City _____ State _____ Zip _____ Length of Employment _____

Work Phone _____ Contact Person _____

Weekly Wages _____ Monthly Wages _____ Yearly Wages _____

Do You Pay / Receive Child support? \$ _____

Marital Status: Married Single Divorced / Separated

Spouse's Full Name _____ Birth Date _____

Spouse's Former Address _____ S. S. # _____

City _____ State _____ Zip _____ Phone: _____

SPOUSE'S EMPLOYMENT

Place of Employment _____ Occupation _____

Address of Employment _____

City _____ State _____ Zip _____ Length of Employment _____

Work Phone _____ Contact Person _____

Weekly Wages _____ Monthly Wages _____ Yearly Wages _____

Do You Pay / Receive Child support? \$ _____

Do you have any judgments, liens, and garnishment wages? Yes _____ No _____

Explain _____

AUTOMOBILE INFORMATION

Driver's License # _____ State Issued _____
Make of Car _____ Year _____ Tag# _____

Spouse's Driver's License _____ State Issued _____

Make of Car _____ Year _____ Tag# _____

Any other vehicles? _____

CREDIT REFERENCES

Name of Company and Phone # Amount Owing Monthly Payment

1. _____

2. _____

3. _____

PERSONAL REFERENCES

Name Street Address Phone Number

1. _____

2. _____

3. _____

SPECIAL NOTICE TO APPLICANTS

This Rental Complex conducts business in accordance with all federal, state, and local Fair Housing Laws. It is our policy to provide housing on an equal opportunity basis to all persons regardless of race, color, religion, sex, national origin, handicap, or familial status.

Any false, misleading and/or omitted information may result in your application being disapproved or your lease terminated, as well as possible prosecution, or other appropriate action.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements, or misrepresentation (including omitting pertinent information) to any department of agency of the U.S., as to any matter within its jurisdiction. In pursuit of the goal, management must preclude admission to applicants and families whose habits and practices may be reasonably be expected to have a detrimental effect on the tenants and/or the project environment. Such habits and practices include, but are not limited to a history of the following: See Pg 4 of 4

It is strongly recommended that all tenants purchase renters insurance with a minimum of \$300,000.00 Liability Coverage and Sonja Fowler \$ Associates, Inc. is to be named as co-insured on the liability side of the policy.

Applicant Signature

Applicant Signature

I agree to provide Sonja Fowler & Associates, Inc. with proof of insurance

Applicant Signature

Applicant Signature

I do not agree to provide Sonja Fowler & Associates, Inc. with proof of insurance

Applicant Signature

Applicant Signature

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you been denied credit in the past 18 months? Yes ____ No ____

Has any kind of legal action been brought against you by a creditor for monies past due? Yes ____ No ____

If Yes please explain, when and why _____

Have you filed for bankruptcy within the past 7 years? Yes ____ No ____ If Yes When _____

Chapter 7 _____ Chapter 13 _____

Comments: _____

1. Less than satisfactory performance in meeting financial obligation
2. Disturbance of Neighbors
3. Negligence abuse or damage to property
4. Housekeeping habits which may adversely affect the health, safety, or welfare of others.
5. Criminal activity including history of arrest and/or convictions.
6. Creating or maintaining a threat to persons or property.
7. Living habits or practices which may adversely affect the social environment or health, safety and or welfare of others.
8. Failure to provide complete, accurate information or documentation as requested by management.
9. In Multiple Applicant situations, it is up to the Landlord to make the final decision on choosing a tenant. Application fees are non refundable. Copy of Credit Report is available upon request.
10. **MAILING INSTRUCTIONS: APPLICATION IS TO BE MAILED TO:
SONJA FOWLER & ASSOCIATES, INC.
1334 Leroy Stevens Rd
Mobile, AL 36695**
11. We require a legible copy of Driver's License or Valid Photo I.D.'s for all occupants.
12. Upon approval of application, tenant agrees to provide Sonja Fowler & Associates, Inc. with a security deposit and to sign the lease within 48 hrs upon notification by Sonja Fowler & Associates, Inc. I understand that once security has been given it is nonrefundable if lease is not executed. Furthermore, a carpet Fee will be charged in addition to Security Deposit in the amount of \$350.00.
Applicant Initial _____
I understand there is no smoking in the homes and I agree to these terms.
Applicant Initials _____
Pest Control and Extermination is the responsibility of the Tenant
Applicant Initial _____

The above information is correct to the best of my knowledge: I have no objection to inquires for the purpose of verification of the above statement. This may include credit check, police check, salary and employment verification, as well as publicly recorded search.

I/We have read the Rental admission Guidelines, and understand their contents, as evidence by my/our signature(s) below

I/We understand that this acknowledgement is a required part of the rental application process.

Applicant Signature

Date

Applicant Signature

Date



VERIFICATION OF RENT

Landlord or Management Company: _____

Address: _____

Phone: _____ Email: _____

Tenant Name: _____

Tenant Address: _____

Length of Occupancy: _____

Was the tenant ever late on payment of rent? Yes ___ No ___

If so how often _____

How is the condition of the property? Do the tenants keep up the property? Yes No

Explain _____

Signature: _____ Date: _____

I _____ hereby Release any information concerning my residency with the above named Rental Complex.

Signature: _____ Date: _____

Sonja Fowler & ASSOCIATES, INC.
1334 Leroy Stevens Road . Mobile, AL 36695 A REALTY COMPANY



Verification Of Employment

Date _____, 20____

Employee Name _____

Company Name _____

Company Address _____

Start Date _____ Full Time _____ Part Time _____

Weekly Wages _____ Monthly Wages _____ Yearly Wages _____

Signature: _____ Date: _____

I _____ hereby Release any information concerning my employment with the above named Company.

Signature: _____ Date: _____