## Ashley Manar Apartments

925 Ashley Drive •Moody, AL 35004 • 205.640.1449 amanor1449@windstream.net • www.ashleymanorapartments.net

	Information			
Name:	Social Security #:			
Home Phone: Cell Phone:	Email:			<del> </del>
Date of Birth: Driver's License #:	Issuing State:			
# Of Occupants residing in the apartment: (Occup	oants 19 years c	and older requ	jire a sepa	rate application)
Name:	Age: Relationship:			
Name:				
Name:	Age:	Age: Relationship:		
Name:	Age:	Relations	hip:	
Davidou	115-l			
Present Address:	ce History		State:	7in:
Landlord/Mortgage Co:	F	Phone:		Rent:
How long at address: Reason for moving:				
Previous Address:	City:		_ State:	
Landlord/Mortgage Co:	ŀ	Phone:		Rent:
How long at address: Reason for moving: _ Have you or your co-occupant(s) ever been evicted? _	If ves.	explain:		<del></del>
Do you or your co-occupant(s) owe money to any other	er apartment co	ommunity?		
Employm	ent History			
Employer:	_	te of hire:		
Monthly Income (proof required):				
Supervisor:				
IF LESS THAN TWO YEARS AT CURRENT JOB:		5110.		<del></del>
Previous Employer:	Da	tes of Employr	ment:	
Monthly Income:				
Supervisor:				
Additional Income: (Additional income such as child su				
to be included for qualification.) Source:				
Vehicles on Pro	perty (Limit of 2	2)		
Make/Model:Year: _	Color:	:	Tag:	
Make/Model:Year: _	Color:	:	Tag:	
Do you have any recreational vehicles – (motorcycles,	boats, etc.)? _		_ If yes, de	scribe below:

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Data	Desired Mayo In Date:
Date: Apt Size Desired:	
Api size besiled.	Desired Lease Territ
n case of an emergency, please notify:	
lame:	Relationship:
Phone:	Email:
Address:	
ION-REFUNDABLE APPLICATION PROCES	SSING CHARGE/CONSENT POLICY: Applicant submits a non-refundable
payment in the amount of \$50 for credit	, criminal background, employment, and rental history processing. If
he applicant is not approved by manag	gement, the said sum will be retained by management to cover the
cost of processing this application. Any t	false information will constitute grounds for rejection of this application.
Management is hereby authorized to ve	erify the accuracy and correctness of the statements contained herein,
o communicate with the applicant's er	mployers, apartment communities, and creditors, and to procure such
other information management may red	quire in evaluating this application. <b>Note: The application must be</b>
igned before it is processed. All persons	s aged 19 or over who will be residing in the apartment must fill out an
application and go through the screening	ng process to be approved.
GOOD FAITH DEPOSITS: Applicant may so	ubmit payment in the amount of \$500 as a Good Faith Deposit in
	While this application is being processed, the deposit will secure the
	y Waiting List or on a vacant apartment. Upon approval, the deposit
	osit required by the lease agreement. In the event this application is
denied, the deposit will be refunded to t	the applicant, their name will be removed from the list, and the vacant
apartment will be made available for le	ase.
lote: Applicant has a period of 72 hours	s from the date/time of the receipt of this application by management
o cancel their application and receive	a refund of the \$500 Good Faith Deposit. If the application is canceled
after the allowed 72 hours, the deposit w	rill be forfeited. For Priority Waiting List applications, the 72-hour period
pegins once an apartment has been off	ered and accepted by the applicant.
Please have separate che	ecks/money orders payable to <u>Ashley Manor Apartments:</u>
	Application Fee (per adult applicant)
	\$500 Good Faith Deposit
Applicant Signature	Date
Nanagement Signature	Date/Time Received