



**TARA GARDEN APARTMENTS
& RESEARCH PARK SUITES**
6405-6409 MADISON PIKE N.W.
HUNTSVILLE, ALABAMA 35806
256.830.4878

RENTAL APPLICATION

OFFICE USE ONLY	
APT #	_____
RENT	\$ _____
S. DEP.	\$ _____
UT.	\$ _____
N/R UT SET-UP	\$ _____
HSV UT DEP.	\$ _____
TOTAL	\$ _____

FULL NAME _____ MARITAL STATUS _____ DATE OF BIRTH _____

SOCIAL SECURITY _____ DRIVER'S LICENSE OR ID# _____ STATE _____

PHONE _____ EMPLOYED BY _____

EMPLOYER'S ADDRESS _____ YOUR POSITION _____

WORK PHONE _____ INCOME _____ EMPLOYMENT OF CO-RESIDENT _____

CELL PHONE _____ EMAIL ADDRESS _____

PRESENT ADDRESS _____ AMOUNT OF RENT _____

HOW LONG DID YOU LIVE AT PRESENT ADDRESS? _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____

HOW LONG DID YOU LIVE AT PREVIOUS ADDRESS? _____ AMOUNT OF RENT _____

REASON FOR MOVING _____

PREVIOUS LANDLORD NAME _____ NUMBER _____

PREVIOUS RESIDENCE: APARTMENT HOME MOBILE HOME OTHER: _____

OTHER RESIDENTS _____ RELATIONSHIP _____ AGE _____

1. _____

2. _____

AUTOMOBILE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTOMOBILE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY _____ PHONE NO. _____

ADDRESS _____ RELATIONSHIP _____

REFERENCES: YOUR BANK _____ BRANCH _____ ACCOUNT NO. _____

CREDIT REFERENCES

I AUTHORIZE MANAGEMENT TO CHARGE MY MONTHLY RENT TO MY CREDIT CARD _____

Signature

CREDIT CARD VISA MC NO. _____ EXPIRATION DATE _____

I hereby make an application with deposit for an apartment which is being held for me, and certify that the above information is correct. I authorize you to contact any references that I have listed and check our credit report. My failure to occupy apartment within 14 days shall forfeit deposit made with application. \$35.00 Application Fee will be charged either at the time of moving in or at the time of moving out, and will be deducted from the deposit.

APPLICANT'S SIGNATURE _____ DATE _____

CO-SIGNED _____ DATE _____