P.O. BOX 1818 TUSCALOOSA, AL 35403

APPROVED OR DENIED DATE_

___ REVIEWED BY_



PHONE: 205/758-3344 FAX: 205/758-3349

GUARANTOR RENTAL APPLICATION

A \$35.00 (per adult) fee must accompany this application in order to be processed

ALL ITEMS MUST BE COMPLETED CORRECTLY FOR THIS APPLICATION TO BE PROCESSED. PARTIALLY COMPLETED APPLICATIONS WILL NOT BE PROCESSED.

ALL STUDENTS MUST HAVE A PARENT AS A GUARANTOR. A PARENT'S APPLICATION MUST ACCOMPANY THE STUDENT'S IN ORDER TO BE PROCESSED.

DATE	PROPERTY ADDRESS			
FULL NAME	DATE OF BIRTH			
ADDRESS:	CITY		STZIP	
DRIVER'S LICENSE STATE AND NO.		SOCIAL	SECURITY #	
TELEPHONE NUMBER	EMAIL:			
SPOUSE'S FULL NAME		SOCIAL SECURITY #		
PEOPLE(S) WHO WILL OCCUPY UNIT:				
NAME		AGE	RELATIONSHIP	
NAME		AGE	RELATIONSHIP	
EMPLOYMENT INFORMATION:				
PRESENT EMPLOYER			POSITION	
BUSINESS ADDRESS			PHONE #	
SUPERVISOR	DATE EMPLOYED		MONTHLY SALARY	
SPOUSE'S EMPLOYER			POSITION	
BUSINESS ADDRESS			PHONE#	
SUPERVISOR	DATE EMPLOYED		MONTHLY SALARY	
CHARACTER REFERENCES:				
NAME ADDRESS 1)			PHONE#	
2)				
THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER FOR THIS APPLICATION TO BE PROCESSED. PLEASE CIRCLE YES OR NO.				
***IN THE LAST SEVEN YEARS HAVE YOU HAD A JUDGEMENT OR WAGE EARNER'S PETITION FILED AGAINST YOU? YES OR NO				
***IN THE LAST SEVEN YEARS HAVE YOU FILED FOR BANKRUPTCY (CHAPTER7, CHAI	PTER 11 OR CHAPTER 13)? YES OR	NO		
I HEREBY AUTHORIZE OWEN MEREDITH & SONS, INC. TO MAKE ANY INQUIRIES DEEMED NECESSARY IN THE ESTABLISHMENT OF MY CHARACTER OR CREDIT RATING. I HEREBY AUTHORIZE THE REFERENCES LISTED HEREIN TO RELAY TO OWEN MEREDITH & SONS, INC. ANY INFORMATION THEY REQUIRE. I ALSO AGREE THAT THE SECURITY DEPOSIT TO OWEN MEREDITH & SONS, INC. SHALL BE FORFEITED SHOULD I REFUSE SAID DWELLING AFTER THIS APPLICATION IS APPROVED. I UNDERSTAND THAT THIS DOCUMENT WILL BECOME A PART OF MY LEASE.				
SIGNATURE			DATE	
SIGNATURE OF SPOUSE IF JOINT APPLICANT			DATE:	
OFFICE USE ONLY:				

__ Reason Denied: __