

GUARANTOR FORM

Cornerstone Management
 Traditions Condominiums
 3218 Veterans Memorial Pkwy
 Tuscaloosa, AL 35405
 205- 750-2260/FAX 205-752-6383

DATE RECEIVED _____

MOVE-IN DATE _____

APT. HOME REQUESTED _____

WE REQUIRE A DRIVER'S LICENSE OR PHOTO IDENTIFICATION IN ORDER TO PROCESS YOUR APPLICATION.
 Each applicant of the household who is not related by blood, marriage or adoption, and each guarantor must complete a separate application form.

A. APARTMENT REQUIREMENTS		
Name of resident occupying the apartment?		
Number of bedrooms needed?		
Requested move-in date?		
B. PERSONAL INFORMATION		
Full name of guarantor		Date of Birth:
Social Security #	Driver's License #	State Issued:
Home phone number:	Work Phone Number:	
Cell phone number:	Email address:	
Spouse's full name:		Date of Birth:
Social Security #	Driver's License #	State Issued:
Home phone number:	Work phone number:	
C. HOUSING INFORMATION		
Current Street Address:		
City:	State:	Zip:
Own or Rent:	Landlord/Mortgage Co:	
Landlord/Mortgage Co. Phone #		
D. BANK ACCOUNT INFORMATION		
Bank:	Street:	City/State:
E. EMPLOYMENT INFORMATION		
Present Employer		Supervisor's name:
Address:	City/State:	
Work phone number:	Work fax number:	
Length of Employment:	Kind of work:	
Monthly gross income:		
Past employer		Supervisor's name:
Address:	City /State:	
Work phone number:	Work fax number:	
Length of Employment:	Kind of work:	
Monthly gross income		
F. OTHER MATERIAL INFORMATION		
Have you, your spouse, or any other occupant listed above ever:		
a) been denied an apartment? Yes No		
b) been evicted or asked to move out? Yes No		
c) broken a rental agreement or lease contract? Yes No		
d) been sued for damages to rental property? Yes No		
e) filed bankruptcy? Yes No		
f) been convicted of a felony? Yes No		
g) had legal action taken against you for nonpayment of a bill or rent? Yes No		
If you answered Yes to any of the above question a-g, please explain.		

I/We certify that answers given herein are true and complete to the best of my knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquiries shall entitle the owner to reject this application. False information given above shall entitle owner to 1) reject this application, 2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and 3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

 Signature of Guarantor

 Date

 Signature of Guarantor

 Date

APPLICANT FORM

(This form cannot be processed without a \$50.00 application fee)

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A. APARTMENT REQUIREMENTS		
Apartment Complex Requested:	Requested move-in date?	
Number of people to occupy the apartment?	Any special housing requirements?	
Number of bedrooms needed?	Where did you hear about us?	
B. PERSONAL INFORMATION		
Full name of applicant (or guarantor)	Date of Birth:	
Social Security #	Driver's License #	State Issued:
Home Phone: _____	Cell Phone: _____	
High School Attended: _____	Email: _____	
List all others who will be occupying the apartment		
Name	Relationship	
Name	Relationship	
C. HOUSING INFORMATION		
Current Street Address:		
City:	State:	Zip:
Apartment community name (if applicable)	Apt. #	Monthly rent
Date moved in and lease expire date	Name of property owner/manager/landlord	
Owner/manager/landlord phone #	What is your reason for leaving?	
Is the lease in your name Yes No - if not, whose?		
Previous street address:		
City:	State:	Zip:
Apartment community name (if applicable)	Apt #	Monthly rent
Date moved in and out	Name of property owner/manager	
Owner/manager/landlord phone #	What was your reason for leaving?	
Was the lease in your name Yes No - if not, whose?		
E. EMPLOYMENT INFORMATION		
Present Employer:		Supervisor's name:
Address:	City/State:	
Work phone number:	Kind of work:	
Length of Employment:	Monthly gross income:	
Past Employer:		Supervisor's name:
Address:	City /State:	
Work phone number:	Kind of work:	
Length of Employment:	Monthly gross income:	
F. OTHER MATERIAL INFORMATION		
Have you, your spouse, or any other occupant listed above ever:		
a) been denied an apartment? Yes No		
b) been evicted or asked to move out? Yes No		
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d) been sued for damages to rental property? Yes No		
e) filed bankruptcy? Yes No		
f) been convicted of a felony? Yes No		
g) had legal action taken against you for nonpayment of a bill or rent? Yes No		
If you answered Yes to any of the above question a-g, please explain.		
In case of any emergency, notify:		Relationship:
Street address:		City/State/Zip:
Home phone number:		Work phone number:
In the event of serious illness or death of resident, the above person		may or may not enter, remove and/or
store all contents found in the dwelling, common areas, or mailbox.		

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Signature of Applicant _____

Date _____

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