



BERKSHIRE HATHAWAY | HomeServices

Property Management
7675 Cottage Hill Rd 2-B
Mobile, AL 36695
251-650-0147 (fax)
www.mobilealrentals.com

RENTAL APPLICATION
WEB SITE WWW.MOBILEALRENTALS.COM
RENTAL DEPARTMENT DIRECT LINE 343-5241

PROPERTY MANAGER: HEATHER CHESTANG
ADMIN ASSISTANT: DEBBIE SANDIFER
MAINTENANCE MANAGER: CARRIE SERMAK

LEASING AGENT: MAGGIE YOUNG
LEASING AGENT: KARMEN SELLERS
BOOK KEEPER: GABI DEES/GARY TALBERT

R# _____ DATE _____ BEST CONTACT NUMBER _____
PROPERTY YOU WISH TO RENT _____ MOVE IN DATE _____

RENT OFFERED _____ LENGTH OF LEASE _____

Please complete the application giving ALL of the pertinent details. If you need more room, please use additional paper. This information provides the basis for our selection of the best tenants for all of our properties. Furthermore, any misrepresentation or omissions of facts requested can be basis for disapproval of this application. **WE WILL NEED COPIES OF ALL DRIVERS LICENSES.**

APPLICANT 1 _____ BIRTH DATE _____ SS# _____
(LAST) (FIRST) (MIDDLE)
HM PHONE _____ WK PHONE _____ EMAIL _____
DRIVERS LIC#: _____ /ST _____

APPLICANT 2 _____ BIRTH DATE _____ SS# _____
(LAST) (FIRST) (MIDDLE)
HM PHONE _____ WK PHONE _____ EMAIL _____
DRIVERS LIC #: _____ /ST _____
MAIDEN NAME: APPLICANT1 _____ APPLICANT2 _____

APPLICANT 1 PRESENT ADDRESS _____ (CITY) (STATE) (ZIP)
PROPERTY OWNER(LANDLORD)'S NAME _____ (CITY) (STATE) (ZIP)
RENTAL RATE OR MORTGAGE AMOUNT _____ HOW LONG OCCUPIED _____
APPLICANT 2 PRESENT ADDRESS _____ (CITY) (STATE) (ZIP)
PROPERTY OWNER(LANDLORD)'S NAME _____ (CITY) (STATE) (ZIP)
RENTAL RATE OR MORTGAGE AMOUNT _____ HOW LONG OCCUPIED _____

If you have lived at the present address for less than two years, please give previous address and information:

APPLICANT 1 PREVIOUS ADDRESS _____ (CITY) (STATE) (ZIP)
OWNERS NAME _____ PHONE # _____ (CITY) (STATE) (ZIP)
RENTAL RATE OR MORTGAGE AMOUNT _____ HOW LONG OCCUPIED _____
APPLICANT 2 PREVIOUS ADDRESS _____ (CITY) (STATE) (ZIP)
OWNERS NAME _____ PHONE # _____ (CITY) (STATE) (ZIP)
RENTAL RATE OR MORTGAGE AMOUNT _____ HOW LONG OCCUPIED _____

LIST ANY OTHER OCCUPANTS THAT WILL BE LIVING IN THE PROPERTY, THEIR AGE, RELATIONSHIP AND SOCIAL SECURITY NUMBER.

LAST NAME	FIRST NAME	RELATION	BIRTH DATE	SS#

HOW MANY SMOKERS IN THE HOUSEHOLD? _____ HAVE YOU EVER BEEN EVICTED? _____
HAVE YOU BEEN CONVICTED OF A FELONY? _____
IF YES TO EITHER EVICTION OR FELONY, PLEASE EXPLAIN _____

APPLICANT 1 EMPLOYER _____
NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION _____ FAX NUMBER _____
HOW LONG _____ MONTHLY TAKE HOME _____
SUPERVISOR _____

APPLICANT 2 EMPLOYER _____
NAME _____
ADDRESS _____ PHONE NUMBER _____
POSITION _____ FAX NUMBER _____
HOW LONG _____ MONTHLY TAKE HOME _____
SUPERVISOR _____
APPLICANT 1 _____
OTHER SOURCE OF INCOME _____
APPLICANT 2 _____
OTHER SOURCE OF INCOME _____