| Cedar Trace Ren<br>(256) 236-1188 or<br>www.jbarents.com | jbarents@jbarents.com                                  | Property desired<br>\$20.00 application<br>Amount paid | n fee (non-refundable)    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|---------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cedar Trace A                                            | partments complies with                                | Federal Fair Hou                                       | sing Laws and Guid        | elines. We do i  | ot discrimi-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| nate agai                                                | nst anyone for race, colo                              | r, national origin,                                    | religion, sex, familia    | l status or disa | bility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Today's Date:                                            | Date requested                                         | to start lease:                                        |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| APPLICANT Nat                                            | ne.                                                    | Social                                                 | Security#                 | Date of Birth    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Work                                                     | Phone Cell_                                            |                                                        | Email                     |                  | The factor of th |
|                                                          | 937                                                    | αt.t.                                                  | Cammiera di               | Date of Dist     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CO-APPLICANT<br>Work                                     | Phone Cell                                             |                                                        | Security #<br>Email       | _Date of Birth_  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WOIL                                                     | FHOIRE CEII                                            |                                                        | ,xxxxx                    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          | unts (list & describe)<br>GE RELATIONS                 | HIP NAME                                               | AGE I                     | RELATIONSHIP     | ·<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| APPLICANT Em<br>dress_<br>Supervisor_                    | uses a third party verifier fo<br>ployer               | Phone #Phone #                                         |                           |                  | charge<br>Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Gross Monthly Inc                                        |                                                        | Position                                               | 8                         | ow Long          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CO-APPLICANT<br>Address                                  | [Employer                                              | Phone #_                                               |                           |                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Supervisor                                               |                                                        | Phone #_                                               |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          | come<br>e? (i.e.: food stamps, child s<br>Amount \$    | Position_<br>upport, social securit<br>Source          |                           | ow Long<br>c.)   | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PETS No                                                  |                                                        |                                                        | up to 2 pets for a \$350  | .00 pet fee.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Туре                                                     | Breed                                                  | Weight                                                 | Age                       |                  | Pet name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Туре                                                     | Breed                                                  | Weight                                                 | Age                       |                  | et name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A copy of your pe                                        | ets' health records from a ving at property is grounds | veterinarian is requi                                  | ired at time of lease sig | ming. Any unau   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Make                                                     | Model                                                  | Year                                                   | Tag#                      |                  | Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                          |                                                        | **************************************                 |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Make                                                     | Model                                                  | Year                                                   | Tag#                      |                  | Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| RENTALHISTO                                              | DRY                                                    |                                                        |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Current Address</b>                                   |                                                        |                                                        |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A374 453                                                 | Street                                                 | Apt#                                                   | City                      | State            | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| RentOwn_                                                 | Rental/Mortgage                                        | Paid Monthly \$                                        | How long there            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Reason for leaving                                       | g                                                      |                                                        |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Landlord/Morteag                                         | ge Co                                                  |                                                        | Phone #                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                          | 1 -                                                    | -                                                      | n en le                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Previous Address:                                        |                                                        | A mat H                                                | City                      | State            | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                          |                                                        | Apt#                                                   |                           | Other-           | -AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Cont firm                                                | Rental Mindrana Dai                                    | 2 vidtmoM bi                                           | How long there            | 2 <b>.</b> 00    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rent Own Reason for leaving                              | Rental/Mortgage Pai                                    | id Monthly \$                                          | How long there            |                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| EMIER                  | GENCY CONTACT (                                                                                                                                                                                                                                                                                                                                                              | ot living with you)                                                                                                                                      |                                        |                     |                                                   |  |  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|---------------------------------------------------|--|--|
|                        | Name                                                                                                                                                                                                                                                                                                                                                                         | Relationship                                                                                                                                             | Phone #                                |                     |                                                   |  |  |
| Have y                 | ou or any of the occupar<br>r/eviction, foreclosure, j                                                                                                                                                                                                                                                                                                                       | ts ever been involved in a bankrudgment, other lawsuit or reposs                                                                                         | uptcy (including<br>ession? No         | a mortgage),<br>Yes | garnishment, unlawfulIf Yes, explain:             |  |  |
| applica<br>check,      | ents are true and that any<br>tion and/or terminate the                                                                                                                                                                                                                                                                                                                      | the investigation of all statements misrepresentation or omission is clease. Applicant does hereby antiverification for the purpose of deview my credit. | ause for the Man<br>torize acquiring a | redit report,       | r the Owner to reject the<br>criminal back ground |  |  |
| Initial                | When applicants are income qualified to view properties, this does not mean your application is approved.                                                                                                                                                                                                                                                                    |                                                                                                                                                          |                                        |                     |                                                   |  |  |
| Initial                | We do accept and proces<br>and you have seen the pro-                                                                                                                                                                                                                                                                                                                        | s multiple applications for the same<br>operty, all properties are first come,                                                                           | property and we w<br>first serve.      | ork them all sin    | nultaneously. Once approved,                      |  |  |
| Initial                | A \$350.00 non-refundable more than two pets.                                                                                                                                                                                                                                                                                                                                | le pet fee is charged for pets and m                                                                                                                     | ay be payed in tw                      | o separate payn     | nents. Tenants are allowed no                     |  |  |
| Initial                | Cedar Trace furnishes sewage and trash pickup. It is the tenants' responsibility to have all other utilities turned on prior to move in, even if a utility is on at time of viewing. Cedar Trace does not guarantee that it will be on at time of your move it Please note that utility companies do not offer same day service, you will need to have them scheduled early. |                                                                                                                                                          |                                        |                     |                                                   |  |  |
| Initial                | All Cedar Trace rental properties are smoke free on the interior. Any smoking must be done on the exterior with the doors closed to prevent the smoke odors from traveling into the property.                                                                                                                                                                                |                                                                                                                                                          |                                        |                     |                                                   |  |  |
| Signate                | ure of Applicant                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                          | Date                                   |                     | ****                                              |  |  |
| Signature of Applicant |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                          | Date                                   |                     | neodaline, mire                                   |  |  |
| ** **                  |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                          | D4 D-61                                | V-II D              | Wile a William                                    |  |  |

How did you hear about us? Company Website - Yard Sign - Friend - Realtor Referral - Yellow Pages - Web Search - Yahoo - Google Additional information that may be helpful during the application process: