

# Interiors Now

A Division of The Finch Companies, Inc.

# Apartment Rental Application

Interiors Now - 6001 Grelot Road - Mobile AL 36609 - (251) 344-2100 - (251) 344-2104 Fax

The undersigned makes application to rent Apartment # \_\_\_\_\_

Locates at: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's Lic. No. & State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cellular Number \_\_\_\_\_

Buying or Renting? \_\_\_\_\_ Name of Mortgage Holder \_\_\_\_\_ or \_\_\_\_\_ Lease holder \_\_\_\_\_

Present Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Number \_\_\_\_\_

Position \_\_\_\_\_ How Long? \_\_\_\_\_ Monthly/Annual Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Co-applicant/Spouse:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of Dependents(excluding co-applicant) \_\_\_\_\_ Name & Age of Dependents \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Monthly Income \_\_\_\_\_ Phone Number \_\_\_\_\_

## CREDIT REFERENCES

Banks, Stores, Credit Cards, Etc.	Account #	Address	Monthly Pymt.

## Emergency Contact

Name and address of nearest relative (not living with you) \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

First Vehicle: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Second Vehicle: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

## How did you hear about us? \_\_\_\_\_

I certify that I recognize that the contents of this application will be used for the purpose of obtaining credit information, and that the above information, to the best of my knowledge, is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERIORS NOW  
6001 GRELOT ROAD  
MOBILE, AL 36609**

**Phone(251) 344-2100  
Fax (251) 344-2104**

## **AUTOMATIC CREDIT CARD PAYMENT**

**When my monthly rent is due, please charge my credit card account**

**Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_**

**Card number \_\_\_\_\_**

**Expiration date \_\_\_\_\_**

**Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**Daytime phone number \_\_\_\_\_**

**If for any reason the charges are not accepted by your credit card company, you will be responsible for any late charges added to your account.**

**Signature \_\_\_\_\_**