

## **OAK PARK HEIGHTS AND SALEM MANOR APARTMENTS– APPLICATION INSTRUCTIONS**

**Complete all pages –**

**Note: One parent for each student must fill out Page 2 and Page 3.**

**Do not forget to sign Page 3.**

**Attach a check, money order or cashier's check for \$60.00 PER APPLICANT (IF PARENT OR CO-TENANT – AN ADDITIONAL \$60.00 IS DUE)**

**Please make payable to OAK PARK HEIGHTS OR SALEM MANOR APARTMENTS. (APARTMENT COMPLEX APPLYING FOR:**

**This fee is to run the credit checks on applicants and is non-refundable.**

**Attach all application materials and fee together and place in drop slot located at the office OR you can mail the application to Salem Manor Apartments, 195 Salem Road, Montevallo, Alabama 35115.**

**When we do the credit check we will call you to notify you whether application has been accepted. Thank you for your interest in Oak Park Heights and Salem Manor Apartments. For more information, please call 205-665-2400.  
Management**

Today's Date \_\_\_\_\_ Date Needed \_\_\_\_\_ Co-Tenant \_\_\_\_\_ Type \_\_\_\_\_  
 Unit # \_\_\_\_\_

## APPLICATION for OAK PARK HEIGHTS & SALEM MANOR

(Please circle the one you are interested in)

**PLEASE PRINT CLEARLY!**

Name _____	*Social Security # _____
Date of Birth _____	Cell Phone # _____
Car-make, model, year, color _____	License Tag # _____
Current Address _____	Employer's Name _____
City, State, Zip _____	Employer's Address _____
How long at this address? _____	City, State, Zip _____
Previous Rental Address _____	Position held _____
Previous Landlord's Name _____	Name of Supervisor _____
Landlords Phone # _____	Work Phone # _____
Driver Licenses # _____	Email: _____

**\*This information is necessary for the credit check and will be kept strictly confidential.**

Monthly Income: \$ \_\_\_\_\_ Source of Income: ( ) Wages ( ) Govt Assistance ( ) Salary ( ) Commission ( ) Tips ( )

Previous Employer \_\_\_\_\_ How Long? \_\_\_\_\_

**ABSOLUTELY NO PETS!**

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### EMERGENCY CONTACT

Contact (If a student, parent information is required.) \_\_\_\_\_ Contact address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_

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Application Fee Received \$ \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Deposit Received \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Car Tag Number \_\_\_\_\_ State \_\_\_\_\_ Car Make \_\_\_\_\_  
Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

What size apartment do you want? 1 2 3 4 Bedrooms When would like your lease to start? \_\_\_\_\_ Do you smoke? Yes No

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

# PARENT'S APPLICATION

## APPLICATION for OAK PARK HEIGHTS & SALEM MANOR

**PLEASE PRINT CLEARLY!**

<b>Name</b> _____	<b>Employer's Name</b> _____
<b>Date of Birth</b> _____	<b>Employer's Address</b> _____
<b>Current Address</b> _____	<b>City, State, Zip</b> _____
<b>City, State, Zip</b> _____	<b>Position held</b> _____
<b>How long at this address?</b> _____	<b>Name of Supervisor</b> _____
<b>Cell Phone #</b> _____	<b>Work Phone #</b> _____
<b>Home Phone #</b> _____	<b>EMAIL ADDRESS:</b> _____

**\*This information is necessary for the credit check and will be kept strictly confidential.**

Monthly Income: \$ \_\_\_\_\_

Source of Income: ( ) Wages ( ) Government Assistance ( ) Salary ( ) Commission ( ) Tips ( ) Other (explain)

Previous Employer \_\_\_\_\_

How Long? \_\_\_\_\_

**Consent to Background and Reference Check**

I hereby authorize OAK PARK HEIGHTS and SALEM MANOR APARTMENTS to obtain information about me from my credit sources, current and previous landlords and employers and personal references.

I authorize my credit sources, credit bureaus, current and previous landlords and employers, and personal references to disclose to OAK PARK HEIGHTS and SALEM MANOR APARTMENTS such information about me as they may request.

**Prospective Tenant Name:** \_\_\_\_\_

**Tenant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ cell # \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_



**PARENT'S INFORMATION**

**Parent's Name:** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ cell phone# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

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**NO CREDIT CHECKS WILL BE PROCESSED UNTIL THE FEE FOR THIS SERVICE HAS BEEN RECEIVED, AND THE FEE IS NON-REFUNDABLE.**

**Fee Received: Date** \_\_\_\_\_ **Cash** \_\_\_\_\_ **or Ck. #** \_\_\_\_\_ **By** \_\_\_\_\_