



324 Montgomery St, Troy, AL 36081  
334-566-6356

Email: [troystillwatermgmt@gmail.com](mailto:troystillwatermgmt@gmail.com)

Thank you for your interest in our apartments! You have made a great choice!

Application fee is \$35 per person. Please fill out all sections of the application to be considered. Application fees are non refundable. It takes 2- 3 working days to process an application.

We look forward to looking working with you!

You may drop off at: 324 Montgomery St, Troy, AL 36081

Email to: [troystillwatermgmt@gmail.com](mailto:troystillwatermgmt@gmail.com)

Fax: 334-649-3861

# Winsor Place Apartments/Madison Oak Apts

Stillwater Group, Inc.

## Residential Lease Application

Date of application: \_\_\_\_\_ Apartment Type Desired: \_\_\_\_\_ Apt # \_\_\_\_\_

Name of **Applicant**: \_\_\_\_\_

Current Home Phone #:(\_\_\_\_\_) \_\_\_\_\_ Cell #:(\_\_\_\_\_) \_\_\_\_\_

Current address: \_\_\_\_\_

Email: \_\_\_\_\_

DL#: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Children Name(s) and Ages that will reside in apartment:

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Your job title: \_\_\_\_\_

Hours worked weekly: \_\_\_\_\_

Monthly pay: \_\_\_\_\_

How long at current job? \_\_\_\_\_ Years \_\_\_\_\_ Months

Additional source of income & Amount Monthly: \_\_\_\_\_

Name of Co-**Applicant**: \_\_\_\_\_

Current Home Phone #:(\_\_\_\_\_) \_\_\_\_\_ Cell #:(\_\_\_\_\_) \_\_\_\_\_

Current address: \_\_\_\_\_

Email: \_\_\_\_\_

DL#: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Children Name(s) and Ages that will reside in apartment:

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Your job title: \_\_\_\_\_

Hours worked weekly: \_\_\_\_\_

Monthly pay: \_\_\_\_\_

How long at current job? \_\_\_\_\_ Years \_\_\_\_\_ Months

Additional source of income & Amount Monthly: \_\_\_\_\_

Name and DOB of all occupants that will reside in apartment? \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

Personal or Professional References:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Have you or the co-applicant ever filed bankruptcy? ☐Yes ☐No  
If yes, court, cause # and Date? \_\_\_\_\_,  
Are you or the co-applicant party to any lawsuit? ☐Yes ☐No  
If yes, please describe. \_\_\_\_\_  
Are there any judgments against you or the co-applicant? ☐Yes ☐No  
If yes, please describe \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

Have you ever been evicted from a rental unit? ☐Yes ☐No If yes, please provide reason for eviction & date.  
\_\_\_\_\_  
\_\_\_\_\_

Motor Vehicle Identification:

Year	Make	Model	Color	Tag Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List credit cards  
Creditor: \_\_\_\_\_ Card# \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Card# \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_

Person to notify in case of an Emergency: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Present Address: \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_ Years \_\_\_\_\_ Months Reason for Leaving? \_\_\_\_\_  
Name and phone # of landlord: \_\_\_\_\_, (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Previous Address: \_\_\_\_\_  
Dates you lived there? From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### CONSENT TO CREDIT CHECK & BACK GROUND CHECK

I/WE, \_\_\_\_\_, the undersigned applicant(s) authorize Madison Oak/Winsor Place, Stillwater Group, Inc, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application now and in the future as needed. I/WE person to provide to Landlord and all information concerning my/our credit.

Signed: \_\_\_\_\_  
Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

### AUTHORIZATION OF INFORMATION

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: \_\_\_\_\_  
Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Signer/Guarantor Signature

\_\_\_\_\_  
Date Signed

*Winsor Place Apartments*  
*Madison Oak Apartments*

**Credit, Criminal, Sex Offender, and Rental History Consent Form**

Applicant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
\_\_\_\_\_  
List all states that you have lived in: \_\_\_\_\_  
\_\_\_\_\_

I hereby give consent to management of the above named apartment community to obtain reports and to access any records pertaining to me, which may be on file at any the following but not limited to:

- Credit Agency
- Law Enforcement Agency
- City, State, or Federal Court
- Local, State, or Federal Agency
- State or Local Repository
- State or Local Sexual Offender Registry
- Previous Housing Agencies

I do understand that the investigation will include information from law enforcement agencies, credit reporting agencies, previous landlords/housing agencies, and other documents of public records, and these reports will be used in making decisions about my potential to rent. I hereby authorize any liability and responsibility for providing the above information at any time. I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Georgia Bureau of Investigation  
Georgia Crime Information Center

**Consent Form**

I hereby authorize RPS, LLC to receive any Georgia criminal history record information about me which may be in the files of any state or local criminal justice agency in Georgia.

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Last Name	First Name	Middle Initial
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Address

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<u>M / F</u>	_____	_____/_____/_____	_____-_____-_____
Sex	Race	Date of Birth	Social Security Number

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Signature	Date
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Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code "M")
- ☐ Employment with elder care (Purpose code "N")
- ☐ Employment with children (Purpose code "W")
- ☐ Employment with criminal justice agency – non-sworn (Purpose code "J")
- ☐ Employment with criminal justice agency - sworn (Purpose code "Z")

One of the following must be checked:

- ☐ I, \_\_\_\_\_ give consent to the above name to perform periodic criminal history background checks for the duration of my employment or lease with this company.

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## **EMPLOYMENT VERIFICATION**

All employment verifications must be filled out by the employer, immediate supervisor, accountant, or human resource personnel.

I, \_\_\_\_\_ give my permission to release the information below to the Property Management Company. Management has assured me that the information will be held in strict confidence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

### **To be filled out completely by authorized employer.**

1. Name of company: \_\_\_\_\_
2. Length of employment: \_\_\_\_\_
3. Salary (circle one: hourly, weekly, monthly) \$ \_\_\_\_\_
4. Average hours worked per pay period \_\_\_\_\_
5. List overtime pay, bonuses, commissions if any \_\_\_\_\_
6. List other compensation \_\_\_\_\_
7. Likelihood of continued employment? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone#

Please return to Stillwater Group, Inc via one of the following:

Email: [troystillwatermgmt@gmail.com](mailto:troystillwatermgmt@gmail.com)

Fax: 334-349-3861

Mail: 324 Montgomery St, Ste.100, Troy, AL 36081



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## **RENTAL REFERENCE AUTHORIZATION**

Rental reference for: \_\_\_\_\_

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

By signing below, I give permission for you to verify my rental reference at \_\_\_\_\_  
\_\_\_\_\_ Apartments or any other property I may have lived on.

X \_\_\_\_\_  
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### ***To Be Filled Out By Referral***

Has proper notice been given? \_\_\_\_\_ Yes \_\_\_\_\_ No (if no notice given, please check and return)

Move in date: \_\_\_\_\_ Move out date: \_\_\_\_\_

Rent amount: \_\_\_\_\_ Late payments: \_\_\_\_\_ NFS checks (#) \_\_\_\_\_

Has writ of possession ever been served? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? \_\_\_\_\_ How many? \_\_\_\_\_

Pets: (#) \_\_\_\_\_ Noise Complaints (#) \_\_\_\_\_ Date lease ended: \_\_\_\_\_

For any reason is there a balance outstanding to your community? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Would you rent to him/her again? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

2. If he/she left for reasons other than by their own choice, what were they? \_\_\_\_\_  
\_\_\_\_\_

3. Was he/she up to date on most/all payments, or did they often fall behind? \_\_\_\_\_

4. Upon leaving, what state was your unit in? (Any holes in the walls or damages?) \_\_\_\_\_  
\_\_\_\_\_

5. Was he/she given any violation notices? If so, what were they? \_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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