

# Winsor Place Apartments / Madison Oak Apts

Stillwater Group, Inc.

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

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

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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



# Winsor Place Apartments/ Madison Oak Apts

Stillwater Group, Inc.

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

## 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

# Winsor Place Apartments/ Madison Oak Apts

Stillwater Group, Inc.

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

## RENTAL REFERENCE AUTHORIZATION

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

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

Landlord Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Applicant's Signature (s): \_\_\_\_\_  
=====

### *To Be Filled Out By Current/Past Landlord*

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: \_\_\_\_\_

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

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

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

Fax: 334-649-3861

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

# 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.

---

Last Name	First Name	Middle Initial
-----------	------------	----------------

---

Address

---

M / F		/	/	-	-
Sex	Race	Date of Birth	Social Security Number		

---

Signature Date

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.