

# RENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS

Date of Application \_\_\_\_\_ Move in Date \_\_\_\_\_ Lease term desired \_\_\_\_\_ Unit # assigned \_\_\_\_\_

Applicant's Name \_\_\_\_\_ XXXXXXXXXX \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Telephone #: (home/mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Check one:  Married  Divorced  Separated  Single

Present Address \_\_\_\_\_

Street

City/State

Zip

Check one:  Own home  Rent  Other Monthly Rent/Mortgage Amount \$ \_\_\_\_\_

Name of Apartment Community or Mortgage Company: \_\_\_\_\_

Telephone # of Apartment Community: \_\_\_\_\_ Fax #: \_\_\_\_\_

Employed by: \_\_\_\_\_ Position/Title: \_\_\_\_\_

How long on job: \_\_\_\_\_ Income: \$ \_\_\_\_\_ Hourly/ Monthly/ Yearly

Supervisors Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ XXXXXXXXXX \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employed by: \_\_\_\_\_ Position/Title: \_\_\_\_\_

How long on job: \_\_\_\_\_ Income: \$ \_\_\_\_\_ Hourly/ Monthly/ Yearly

Supervisors Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Others who will occupy apartment under 18 years of age:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

### Description of any pets to occupy apartment (must have written consent from owner/agent):

Pet type \_\_\_\_\_ Full grown weight \_\_\_\_\_ Answers to " \_\_\_\_\_ "

Pet type \_\_\_\_\_ Full grown weight \_\_\_\_\_ Answers to " \_\_\_\_\_ "

Administrative in the sum of \$ \_\_\_\_\_ is made with the clear understanding that this application, including each prospective occupant, is subject to approval and acceptance. The applicant(s) agree to execute a lease and pay the prorated and/or first month's rent before possession is given. The applicant(s) has a maximum of three days within which to cancel this application in writing and have his/her security deposit returned to him/her. If this application is canceled after 3 days, or should the applicant not execute a lease or occupy premises, the security deposit will be forfeited. If application is not approved by the owner or agent, the security deposit will be returned. Application fee of 10.00 is non-refundable.

By signing, the applicant(s) gives permission for the Landlord or agent to investigate the information supplied on this application and a full disclosure of pertinent facts may be made to the Landlord. Applicant understands that approval process will include a review of credit history and possible criminal background check. Furthermore, the undersigned declares that the information provided on this application is true and correct and false statements or information may result in the rejection of this and future applications for housing.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

• Please Return to DON Croom at doncroom@yahoo.com  
PH 336-362-2225 Fax 1-866-558-3912

# RENTAL VERIFICATION

*This request for verification of rental history on the below referenced individual is part of the application approval process for residency*

I, \_\_\_\_\_ ( \_\_\_\_\_ )  
Signature of Applicant Printed Name of Applicant  
give permission for the information requested below to be released to  
for the purpose of application approval.

Community or Landlord Name: \_\_\_\_\_

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

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Lease fulfilled? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly rental amount: \$ \_\_\_\_\_ Number of times late \_\_\_\_\_

Number of NSF's: \_\_\_\_\_ Number of Court filings: \_\_\_\_\_ Evicted? Yes No

Do they currently have a pet? Yes No Complaints: \_\_\_\_\_

Would you re-rent to this person? Yes No

Name and title of person verifying information: \_\_\_\_\_  
(Please print title)

\_\_\_\_\_  
(Signature of person verifying information)

\_\_\_\_\_  
(Printed name of person verifying information)

Please fax back to (866) 558-3912 Thank you!