RENTAL APPLICATION

Today's Date:	Occupancy D	ate Desired:			
Rental Price Range:	Type/Size Desired:				
Rental Address Shown:					
APPLICANT'S PERSONAL I					
		Middle			
Dirth Data:	Inst	Wildle			
Social Security #:	st Name:				
Social Security #		s			
ADDITIONAL OCCUPANTS	(List every occupant name	including children)			
Last Name:	First:	Middle:			
Last Name: Relationship to Applicant: Social Security #:	F	Birth Date:			
Social Security #:	Driver's Licens	e/ID Number/State:	—		
Employer:	Posi	tion:			
Employer:	Work Phone:				
Last Name:	First	Middler			
Dalationalia to Annliante	First:	Middle:			
Last Name: Relationship to Applicant: Social Security #:	E	Sirth Date:			
Social Security #:	Driver's Licens	e/ID Number/State:			
Employer:	POS1	tion:	_		
How Long Employed There:	Work Phone:				
Last Name:	First:	Middle:			
Last Name: Relationship to Applicant:	F	Birth Date:			
Social Security #:	Driver's Licens	e/ID Number/State:			
Employer:	Posi	tion:			
How Long Employed There:	Work Phone:		_		
T / NT		NC 111			
Last Name: Relationship to Applicant: Social Security #:	First:				
Relationship to Applicant:	E	Sirth Date:			
Social Security #:	Driver's Licens	tion			
Employer:	POSI	uon:	_		
How Long Employed There:	work Phone:				
Preferred Method of Payment Check Money Order 0		utomatic Bank Deposit			
Preferred Rental Due Date:					
Traditional Payment Method - M	Monthly (due on the 25^{th} of	each month)			
Pay Day Plan - Bi-Weekly (due					
Deposit Reimbursement After 100% Return after 12 months or 50% Return after 6 months or r	more of renting	pair or cleaning costs, unpaid	d rent, or legal costs)		
0% Return for less than 6 mo	nths of renting				
How long do you plan on living Are you able to handle the mino Yes No Check the follo Vacuum Cleaner Mop H Appliances (if so, which ones) _	r maintenance/upkeep in the wing items that you own - Broom Plunger Lav	e property? vn Mower			
-TPhanees (it so, which ones) _					
Check all professional level skill Roofing Appliance repair					
Do you have renter's insurance? Have you ever broken a lease?	Do you ha	ve any water-filled furniture?			
Have you ever broken a lease? _	Have you ever re	fused to pay rent for any reas	on?		
Have you ever been evicted or a	sked to leave a rental unit?	Ever filed for bankru	iptcy?		

Ever been convicted of a crime Will you give us permission to do a criminal background check?	
Currently have any utilities in your name? Currently have phone service in your name?	
Is there anything to prevent you from placing utilities or phone in your name?	
Do you know of anything or any reason which may interrupt your ability to pay rent?	
RESIDENCE HISTORY	
Present Street Address	.
City County State Dates lived at this address? Own Rent Occupy	_ Zıp
Dates lived at this address? Own	
Current Phone How many pets did you have? Type	
Name of present landlord/owner/mortgage company:	
Address of present landlord/mortgage company:	
Landlord's phone: Monthly payment:	
Reason for moving: Is your rent/mortgage current?	
Number of late payments? Security Deposit Amount currently held by landlord?	
Previous Residence Address:	
Previous landlord: Previous landlord's phone:	
Was your Full Security Dep. Returned? # of late payments? Monthly payment?	
Previous Residence Address:	
Previous landlord: Previous landlord's phone:	
Previous landlord: Previous landlord's phone: Dates at this address: Reason for moving?	
Was your Full Security Dep. Returned?# of late payments?Monthly payment?	
INCOME HISTORY	
Applicant's current employment status:	
Full-time Part-time (less than 32 hrs/wk) Student Retired Self-employed	
Unemployed Other	
1 J	
Primary source of employment:	
Applicant employed by:	
Average Weekly hours: How long at the place of employment?	
Address:	
City: State: Zip:	
Phone: Position: Salary:	
Address:	
Additional Employment	
Employed by: Supervisor's name:	
Average Weekly hours: How long at the place of employment?	
Address:	
City: State: Zip:	
Phone: Position: State Zip	
Please indicate Weekly, Bi-Weekly, Monthly, or Annual average take home pay:	
i lease indicate weekiy, bi-weekiy, wonting, or Annual average take nome pay	

ADDITIONAL INCOME / PAYMENT INFORMATION Do you currently have a savings account, line of credit, or charge card sufficient to cover one month's rent?

ADDITIONAL INCOME: (optional)

If there are additional, verifiable sources of income you would like considered, please list income source (i.e., self-employment, social security, disability benefit payments, etc.) and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source:		Amount:\$	Per
Contact person:		Phone:	
How long have you been rece	iving income from this source? here any reason it would stop?	How long do	you expect this income continue
Additional Source:		Amount:\$	Per you expect this income continue
Contact person:		Phone:	
How long have you been rece	iving income from this source? here any reason it would stop?	How long do	you expect this income continue
ASSETS / CREDITS / LOA			
Number of vehicles on proper	ty? Valid registra	ation & inspection?	
Do you have any commercial	vehicles, RV, ca	impers, boats or mo	otorcycles?
Vehicle 1-make/model/color/y	/ear		
Please note, only cars on apple	ication are authorized to be on j	oremises.	
Financed/leased through			
Contact and phone number			·
Acct #	Mor	thly navment	
		imy puyment	
Vehicle 2-make/model/color/y	vear		
Please note, only cars on appl	yearication are authorized to be on j	oremises.	
	· · · · · · · · · · · · · · · · · · ·		
Financed/leased through			
Contact and phone number			
Acct. #	Mor	nthly payment	
	/ · · · · · · · · · ·		
	including banks, department st		lent loans)
Creditor:		· · · · · · · · · · · · · · · · · · ·	
Address	A 4 . 44.		
Total A mount awad	Acct. #: Monthly payment:	A #2 1/2/10 # 21	ma anta aumant?
Total Amount owed:	Monthly payment:	Are your pay	
Other Creditor:			
Address			
Phone:	Acct. #:		
Total Amount owed:	Acct. #: Monthly payment:	Are your pay	vments current?
List any other current monthly	v expenses?		
	Health Insurance	Auto Insura	ance
Renter's Insurance	Child care	Tuition	
Cable TV	Other	Amount	
BANK REFERENCE			
Name of bank and branch:		Phone:	
Branch address:			
Checking (C)Acct. #:			
Savings (S) Acct#:		11.1.1	
How long account active, (C)	(S) Average mont	hly balance, (C)	(S)

PERSONAL/PROFESSIONAL REFERENCES/EMERGENCY CONTACT

Character/Personal reference:		
Name		
Address		
City	State	Zip
Relationship?	How long?	Phone
Professional reference (i.e. attorney, account	untant):	
Name		
Address		
City	State	Zip
Relationship?	How long?	Phone
Name of Nearest Living Relative:		
Name		
Address		
City	State	Zip
Relationship?	How long?	Phone
Name of Emergency Contact Person:		
Name		
Address		
City	State	_Zip
Relationship?	How long?	

The Landlord reserves the right to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary.

If Landlord has a question regarding this application, please furnish the best contact phone number:

Day phone/contact person:	
Night phone/contact person:	
• • • • ==	

THANK YOU!

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following which will be copied and attached to this application:

- Driver's License or Sheriff's picture ID.
 2 weeks of most current pay stubs of each income source listed
 Personal check (to verify bank)
 If self-employed, most current Schedule C tax return and proof of current income
 Most recent utility bill (electric, gas, water, or phone bill showing Applicant's name and current address)

A nonrefundable fee of \$35 is charged on all rental applications for the purpose of verifying the information furnished on this application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes a credit and background check be done as part of the application process, annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary.

The Landlord may find it necessary to request the Applicant to submit additional information as part of the rental application process. This Rental Application will be considered void if the Landlord does not receive the requested information within 24 hours of the request. Applicant acknowledges this application will become part of the lease or rental agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent lease or rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

RENTAL COMMITMENT DEPOSIT

A nonrefundable Rental Commitment Deposit (hereafter referred to as RCD) is due and payable by cash, cashier's check, or money order within 24 hours of the Landlord notifying the Applicant that this Application has been accepted, providing the Applicant wishes to proceed with renting the home. The RCD equals the first month's rent when the rent is less than \$1000 per month. The RCC is \$1000 for homes where the rent is \$1000 or more per month. Landlord will continue to advertise and show the home and potentially rent the home to another prospective Resident if Landlord does not receive the RCD. Receipt of the RCD within 24 hours of approval notification holds the home for that prospective Resident until the agreed upon move-in date. The RCD is applied to the security deposit at the time of monve-in.

Applicant's signature:_____