



\$100.00
App & Admin Fee
Per Person

Renter's Insurance is required

Application for Occupancy

Expected Move-In Date _____ Lease Term _____ How did you hear about us? _____

PART 1	PLEASE PRINT CLEARLY
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Applicant 1 Full Legal Name _____ Cell/Home Phone _____

Work Phone _____ Date of Birth _____ Social Security Number _____

Driver's License # _____ State _____ Email Address _____

In case of emergency notify (other than occupants) _____ Relationship _____

Phone Number _____ Address _____

Applicant 2 Full Legal Name _____ Cell/Home Phone _____

Work Phone _____ Date of Birth _____ Social Security Number _____

Driver's License # _____ State _____ Email Address _____

In case of emergency notify (other than occupants) _____ Relationship _____

Phone Number _____ Address _____

Have you or your co-applicant ever been arrested/charged/convicted for a Misdemeanor or a Felony? No _____ Yes _____

If yes, please explain _____

Total Number of person who will occupy apartment (including applicants): _____

OTHER OCCUPANTS:

Full Name	Age	DOB	Relationship	Full Name	Age	DOB	Relationship
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Full Name	Age	DOB	Relationship	Full Name	Age	DOB	Relationship
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Do you have Pets? _____ If so, please specify type(s)/breed(s) _____ weight _____ age _____

Do you have a service animal? If so, please specify type/breed _____ weight _____

PART 2	RESIDENCE HISTORY
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Applicant 1: Present Address, City, State & Zip _____

Present Landlord/Mortgage Co _____

Phone Number _____ Leased Dates _____ to _____ Rent/Morg Pmt _____

Past Address, City, State & Zip _____

Present Landlord/Mortgage Co _____

Phone Number _____ Leased Dates _____ to _____ Rent/Morg Pmt _____

Applicant 2: Present Address, City, State & Zip _____

Present Landlord/Mortgage Co _____

Phone Number _____ Leased Dates _____ to _____ Rent/Morg Pmt _____

Past Address, City, State & Zip _____

Present Landlord/Mortgage Co _____

Phone Number _____ Leased Dates _____ to _____ Rent/Morg Pmt _____

PART 3 APPLICANT EMPLOYMENT FOR LAST THREE YEARS (CURRENT to PAST)

Applicant 1: Current/Future Employer _____
Address, City, State & Zip _____
Job Title: _____ Supervisor: _____
Length of Employment: _____ Gross Monthly Income: _____ Phone # _____

Past Employer _____
Address, City, State & Zip _____
Job Title: _____ Supervisor: _____
Length of Employment: _____ Gross Monthly Income: _____ Phone # _____

Applicant 2: Current/Future Employer _____
Address, City, State & Zip _____
Job Title: _____ Supervisor: _____
Length of Employment: _____ Gross Monthly Income: _____ Phone # _____

Past Employer _____
Address, City, State & Zip _____
Job Title: _____ Supervisor: _____
Length of Employment: _____ Gross Monthly Income: _____ Phone # _____

Other Income _____ (Please provide documentation)

PART 4 Please check One BANK REFERENCES

Applicant 1: Checking Account _____ Bank Name _____
Saving Account _____ Bank Name _____
Applicant 2: Checking Account _____ Bank Name _____
Saving Account _____ Bank Name _____

APPLICATION FEE

Applicant(s) understands and agrees that this application shall not be considered by management until the application & administrative fee of **\$100.00 per applicant** is paid. Applicant(s) understand and agree that the application fee is used my management for the payment of processing of this application, which includes costs for verifying the authenticity of the information provided and to obtain information regarding applicant's credit history, criminal background, and rental references. Applicant(s) understands and agrees that the application fee is non-refundable. By signing this application for occupancy, applicant(s) agree that the information provided herein is true and correct to the best of their knowledge. In the event management discovers that any information provided herein is false, applicant understands and agrees that management may, at manager's sole digression, reject this application and immediately rescind any current or future agreement with applicant(s).

SECURITY DEPOSIT

I hereby leave \$ _____ security deposit with The Management in connection with this rental application. If my application is approved, I understand this security deposit can be applied toward all monies due, which are due prior to taking possession of the apartment. If Management decides to decline my application, the Management will refund this deposit to me in full. I understand I may cancel this application by written notice within **24** hours and receive a full refund of this deposit. If I cancel after **24** hours, or fail to execute Management's usual rental agreement, or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited by me to the said apartments. **Once application is approved and apartment and/or address has been assigned, lease will be generated and must be signed within 72 hours.**

_____ Tenant Initials _____ Leasing Agent Initials

APPLICANT'S RELEASE AND AUTHORIZATION

By signing this application for occupancy, the undersigned applicant(s) authorize management to obtain a consumer credit report and any other information necessary in management's sole discretion to assist in the evaluation of this application for occupation. Applicant(s) understand and agree that any such information obtained by management may include, but is not limited to, applicant's credit history, criminal report evidence of any civil litigation and civil judgments, records of arrest, past rental history, or any other information. Applicant(s) release management, its principals, investors, employees, vendors, the owner(s) of the community or property generally described in this application and any furnisher or supplier of information related to this application from any and all liability in the procurement, use, distribution, and possession of all obtained information. Applicant(s) also understand and agree that the information provided in this application and other consumer reports, to include credit reports, criminal reports, evidence of any civil litigation, and civil judgments, records of arrest, past rental history, employment history, salary information/history, vehicle records, driver's license records, driving history, or any other information may be provided to state, local and/or federal government agencies. Any disposal of information received by management shall be done in accordance with 16 CFR part 682 and NC Stat Gen 75-64, et seq.

Applicant's Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____