

RENTAL APPLICATION
704-888-6556 Fax

DATE: _____ PROPERTY ADDRESS _____

NAME: _____ SS# _____

DATE OF BIRTH: _____ MARTITAL STATUS _____

DRIVERS LICENSE# _____ STATE ISSUED _____

PRESENT ADDRESS: _____

HOME PHONE: _____ HOW LONG AT PRESENT ADDRESS _____

LANDLORDS NAME: _____ PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG AT PREVIOUS ADDRESS: _____

EMERGENCY CONTACT: _____ RELATION _____

PHONE: _____

PRESENT EMPLOYER: _____

ADDRESS AND PHONE# _____

DATE OF HIRE: _____ SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

ADDRESS AND PHONE# _____

DATE OF EMPLOYMENT: _____ SUPERVISOR _____

NET MONTHLY INCOME _____ SPOUSE'S NET MONTHLY INCOME _____

SPOUSE'S EMPLOYER: _____

ADDRESS AND PHONE# _____

DATE OF HIRE: _____ SUPERVISOR: _____

PLEASE LIST THREE REFERENCES ADDRESS AND PHONE NUMBERS THAT ARE NOT FAMILY MEMBERS THAT YOU HAVE KNOWN FOR 5 YEARS OR MORE.

PLEASE LIST ALL PERSONS, INCLUDING NAME, AGE AND RELATION TO OCCUPY RESIDENCE:

MAKE, YEAR MODLE AND TAG NUMBER OF ALL AUTO(S)

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE