



Professional Property Management, Maintenance, Construction, and Sales

CORPORATE HEADQUARTERS
 7424 CHAPEL HILL ROAD • RALEIGH, NORTH CAROLINA 27607
 TELEPHONE: (919) 851-6665 • FACSIMILE: (919) 851-2905

WILMINGTON REGIONAL OFFICE
 119-101 DAPPLE COURT • WILMINGTON, NORTH CAROLINA 28403
 TELEPHONE (910) 799-4402 • FACSIMILE (910) 799-3488



Abbey Court Office
 501 Jones Ferry Road
 Carrboro, NC 27510
 Phone (919) 929-2220
 Fax (919) 929-0717

Greenbriar Apartments
 2000-C Spring Drive
 Garner, NC 27529
 Phone (919) 772-3632
 Fax (919) 772-3954

Lennon Woods Office
 5208-2 Ringo Drive
 Wilmington, NC 28405
 Phone (910) 793-0433
 Fax (910) 794-7972

McMillan Oaks Office
 818-102 Strickland Place
 Wilmington, NC 28403
 Phone (910) 791-6600
 Fax (910) 796-2079

New Centre Commons Office
 119-101 Dapple Court
 Wilmington, NC 28403
 Phone (910) 799-4402
 Fax (910) 799-3488

Sylvan Park Office
 3926 Marcom Street
 Raleigh, NC 27606
 Phone (919) 834-9311
 Fax (919) 832-4064

Application For Rental

Date: ___/___/___ Bedrooms: ___ Approved Denied Date/Time: _____

APARTMENT ADDRESS		CITY	STATE	ZIP CODE	MONTHLY RENT \$
MOVE IN DATE		TERM OF LEASE REQUESTED		NUMBER OF KEYS NEEDED	
AMOUNT OF PRORATED RENT DUE \$			DATE PRORATED RENT PAID		
AMOUNT OF SECURITY DEPOSIT DUE \$			DATE SECURITY DEPOSIT PAID		
AMOUNT OF APPLICATION FEE DUE \$			DATE APPLICATION FEE PAID		
AMOUNT OF NON-REFUNDABLE PET FEE DUE \$			DATE NON-REFUNDABLE PET FEE PAID		
NUMBER, NAMES, AND AGES OF PERSONS WHO WILL OCCUPY THE APARTMENT					
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED DATE TO BE MARRIED: _____					
FULL LEGAL NAME OF APPLICANT: (Please Check One) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.					
FIRST:	MIDDLE:	LAST:		PREFERRED NAME:	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	DRIVER'S LICENSE NUMBER	STATE ISSUED	
FULL LEGAL NAME OF SPOUSE: (Please Check One) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.					
FIRST:	MIDDLE:	LAST:		PREFERRED NAME:	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	DRIVER'S LICENSE NUMBER	STATE ISSUED	
PRESENT ADDRESS: STREET ADDRESS		CITY	STATE	ZIP CODE	
RESIDENCE TELEPHONE NO. ()	CELL NO. ()	AMOUNT OF RENT \$	HOW LONG: (Dates of Occupancy)	EMAIL ADDRESS	
NAMES ON LEASE		NAME OF PRESENT LANDLORD		LANDLORD TELEPHONE # ()	
REASON FOR VACATING PRESENT PREMISES					
PREVIOUS ADDRESS: STREET ADDRESS		CITY	STATE	ZIP CODE	
DAYTIME TELEPHONE NO. ()		AMOUNT OF RENT \$	HOW LONG: (Dates of Occupancy)		
NAME OF PREVIOUS LANDLORD		NAMES ON LEASE			
APPLICANT'S PRESENT EMPLOYER					
EMPLOYER'S NAME:			EMPLOYER'S ADDRESS:		
TELEPHONE# (Your Direct) ()	POSITION	TELEPHONE # ()	NAME OF SUPERVISOR		
HOW LONG	YOUR OFFICE HOURS		GROSS YEARLY INCOME \$		

IF PRESENT EMPLOYMENT IS LESS THAN TWO YEARS, PLEASE FILL OUT NEXT SECTION

APPLICANT'S PREVIOUS EMPLOYER			
EMPLOYER'S NAME:		EMPLOYER'S ADDRESS:	
TELEPHONE NO. ()	NAME OF SUPERVISOR		HOW LONG
SPOUSE'S PRESENT EMPLOYER			
EMPLOYER'S NAME:		EMPLOYER'S ADDRESS:	
TELEPHONE# (Your Direct) ()	POSITION	TELEPHONE # ()	NAME OF SUPERVISOR
HOW LONG	YOUR OFFICE HOURS		GROSS YEARLY INCOME \$
OTHER JOBS OR SOURCES OF INCOME			
IF STUDENT, SPECIFY SCHOOL, YEAR, AND FIELD OF STUDY			
HOW DID YOU FIND OUT ABOUT THE TARHEEL COMPANIES OF NORTH CAROLINA, INC.?			
DO YOU OWN ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE OF PET:	BREED OF PET:	PRESENT AGE OF PET:	PRESENT WEIGHT OF PET
NO PETS PERMITTED AT ANY TIME WITHOUT PRIOR WRITTEN APPROVAL OF THE LANDLORD AND THE PAYMENT OF A NON-REFUNDABLE PET FEE.			
WOULD ANY WATERBEDS BE PRESENT IN RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO SIZE:			
No Waterbeds permitted without the prior written consent of the Landlord. Tenant agrees to provide at all times during tenancy specific waterbed insurance and to show Landlord as the additional named insured on said policy. Tenant shall provide Landlord with an endorsement evidencing such coverage prior to the signing of a Lease Agreement.			
DATE WATERBED APPROVED:		DATE INSURANCE POLICY RECEIVED:	
CREDIT REFERENCES:			
NAME OF BANK:	ADDRESS CITY/BRANCH:	CHECKING ACCT. NO.:	
TOTAL APPROXIMATE AMOUNT OF MONTHLY PAYMENTS FOR AUTOMOBILES, CREDIT CARDS, ETC.: \$			
EMERGENCY CONTACT PERSON:			
NAME		RELATIONSHIP	
STREET ADDRESS		CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER ()	EVENING TELEPHONE NUMBER ()	CELL NUMBER ()	EMAIL ADDRESS
LOCAL PERMANENT ADDRESS PERSON: Where mail will always reach you, for the purpose of forwarding of your mail, refund of security deposit, etc.			
NAME		RELATIONSHIP	
STREET ADDRESS		CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER ()	EVENING TELEPHONE NUMBER ()	CELL NUMBER ()	EMAIL ADDRESS

This application is made with the understanding that it is subject to acceptance by the Lessor. It is further understood by the Applicant that the Applicant will deposit with the Lessor the amount of: _____ DOLLARS AND NO CENTS (\$ _____) as a Security Deposit to be held in an interest bearing account with the interest accruing to the account of the Lessor during the term of, and subject to all of the terms and conditions of, the Lease Agreement and any addendum, renewals or attachments thereto. In the event the Application is approved and the Applicant fails, or refuses, for any reason to occupy the apartment, the Lessor shall retain the aforementioned Security Deposit; further, in the event this Application is disapproved, the Security Deposit will be reimbursed to the Applicant in full.

The Applicant hereby waives any claim for damages by reason of nonacceptance of this Application which the Lessor may reject without stating any reason for doing so. It is covenanted and agreed, as part of the Lease Agreement for which this Application is made, that upon the giving of any misinformation in this Application or upon the breach of any one (1) or more the covenants in said Lease Agreement to be executed, the Lessor shall have the right, as its option forthwith, to cancel the Lease Agreement and to repossess the leased premises. I authorize the investigation of all references listed above and release to the lessor any, and all, information concerning my present and previous credit history, present and previous employment, present and previous rental history, and any other pertinent information they may have, personal or otherwise, and do release all parties from all liability for any damage that may result from furnishing the same to the Lessor.

SIGNED: _____(SEAL)

SIGNED: _____(SEAL)