

Carolina Management www.carolinamgmt.com

PO Box 146, Apex, NC 27502 (919) 363-8996 Fax (866) 338-9133 NCarolinamgmt@gmail.com

Applicants are considered without respect to race, color, religion, sex, national origin, handicap or familial status.

Rental Application for Property Address \_\_\_\_\_

Tenant #1 Name \_\_\_\_\_ SSN # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drivers License / State: \_\_\_\_\_ / \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Rent or Own How Long? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

How Long? \_\_\_\_\_ Monthly Income \_\_\_\_\_ Other Income: \_\_\_\_\_

In the last 5 years have you been brought to court, or had any legal judgment against you for eviction, indebtedness, or declared bankruptcy? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

Tenant #2 Name \_\_\_\_\_ SSN # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drivers License / State: \_\_\_\_\_ / \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Rent or Own How Long? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Address \_\_\_\_\_ City State Zip \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

How Long? \_\_\_\_\_ Monthly Income \_\_\_\_\_ Other Income: \_\_\_\_\_

In the last 5 years have you been brought to court, or had any legal judgment against you for eviction, indebtedness, or declared bankruptcy? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_

\*\*\*\*\*  
When do you need to move in? \_\_\_\_\_ Lease Length \_\_\_\_\_

Number that will reside: Adults \_\_\_\_\_ Children \_\_\_\_\_ Pets \_\_\_\_\_ Breeds \_\_\_\_\_

Automobile(s) make/year/tag \_\_\_\_\_ Make/year/tag \_\_\_\_\_

Applicant(s) certifies that all information given to evaluate this application to rent/lease is correct and complete. Applicant(s) understands that any false, inaccurate, or incomplete information is grounds for immediate rejection. Applicant(s) authorizes all inquiries by rental owner or owner's agent deemed necessary to evaluate this application. Applicant(s) authorizes and requests employers, landlords, mortgage holders, rental agents, credit grantors, banks, and any government agency to release any requested information in the evaluation of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_