

CAROLINA PROPERTY RENTALS

280 PINEHURST AVENUE, SUITE #4 SOUTHERN PINES, NC 28387 (O) 910-639-3767 (F) 910-695-7333 MARILYNCHEEK@PINEHURST.NET

A PROCESSING FEE OF \$50.00 IS REQUIRED FROM ALL APPLICANTS ALONG WITH A VALID DRIVERS LICENSE OR STATE ISSUED ID FOR POSITIVE IDENTIFICATION.

RENTAL APPLICATION

Please fill all blanks; unanswered blanks may result in application being denied. The attached Rental Verification and Employment Verification are to be signed by the applicant so that we may contact the applicant's current landlord and employer to verify rental and employment status.

The undersigned hereby makes the application	n to rent the property	located at:	
at a monthly rental amount of \$	_ Move in date re	quested:	
Who Showed you the house:		*	
Cont	tact/Identifying I	nformation	
Full Name:	Date of	of Birth:	S.S. Number:
Home Phone: Ce	ell:	Work:	
E-Mail:			Drive License # and State:
Spouse Name:	Date of	of Birth:	S.S. Number:
Home Phone:C	ell:	Work:	
E-Mail:	Drive License #	and State:	Company of the second
Vehicle (make/model):	Year:	Tag#:	State:
2nd Vehicle:			
Other Vehicles (Boats, etc):			μt
Do you or any member of your applicant house	sehold smoke? (Y/N)	Name(s):	
Do you or any member of your applicant house			
(Y/N) Name(s):		-	
Do you or any member of your applicant house abuse of Alcohol, use of illegal drugs, etc.? (Y	sehold now have or ha	ive you ever had a substa	nce abuse problem including
	Residence His	story	
• •	st 3 years, beginning v		
Current Home Address:			
City: State:			
Rental? (Y,'N) Rent \$: Land	lord Email:	Landl	lord Phone:

Reason for moving:	Have you given proper notice to vacate? (Y/N)			
if no, please explain:	***************************************	X-10-1-70-11-1-13-		_
Previous Fome Address:		Own? (Y/N) Mortgage \$		
City:	itate: Zip;	Length of	stay at this address: _	
Rental? (Y,'N) Rent \$:	Landlord Email:		Landlord Phone	::
Reason for moving:				
If no, please explain:				- ∨
Employm Current work information for hea	nent Information (He	ad of Househo	ld and Spouse)	
Employer:		Title:	Gross	s Salary:
Manager and Phone #:				
Previous work information for he	ad of household			
Employer:	Full/Part Time:	Title:	Gross Sa	lary:
Manager and Phone #:	Company add	'ess:	Employment i	ength.
Current work Information for spo				
Employer:				
Manager and Phone #:	Com	ıpany address:		Employment Length
Previous work Information for sp			Guara Cala	
Employer:	Full/Part Time:	1itle:	Gross Sala	iry:
Manager and Phone #:	Company a	ddress:	Employment	Length
	Additiona	l Information		w.
Dependants or names of other po				
Name:	Age: Re	elationship:		
Name:		elationship:	*	
Name:		elationship:		

References		71	20	
Name:				
lame:				
ets (#, Kind, Breed, Weight & A	ge)			
limony you receive \$	Child	l Support you receive		
	N): Filed for Bankruptcy?	(Y/N):	90 90	
1.0	A Property of the Control of the Con			
pplicant's Signature			Date	
o-Applicant's Signature			Date	
		94	xe.	
List Emergency C	ontact:		#:	
<u>Name</u>	Address	Phone	<u>Relationship</u>	
1	Andrews (make)			
2				
Units that allow p dependent upon t	ets will require an addition he number of pets. The p	onal, <u>NON-REFU</u> property owner m	<u>NDABLE</u> , deposit ust approve all pets.	
All rentals require	e a security deposit equal	to one month's re	ent.	
All units are rente	ed "as is".			