

RENTAL APPLICATION

(Please Print Legibly)

APPLICANT'S NAME

PRESENT ADDRESS

(Street, City, State and Zip Code)

CURRENT TELEPHONE

This application is made to rent the premises known as **2809 Leo Drive**, for a term of (circle one):

1 Year 2 Years Other _____

The monthly rent shall be **\$1000.00** payable in advance and the following deposits are required:

Security deposit equal to one month's rent: **\$1000.00**;

If Pet, pet deposit of **\$500.00**.

Other deposit of \$_____ for _____

The total amount of \$_____ shall be due upon signature of the lease.

PERSONAL INFORMATION

The total number of occupants (including temporary residents) will be _____ adults and _____ children. (If children, please list ages: _____)

Are you or other occupants smokers? (circle) Yes No

Your Social Security Number: _____

Driver's License Number: _____ State: _____

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E-mail Address: _____

List pets owned by you or other's who will live at premises:

Do you own a waterbed? Yes No

EMPLOYMENT HISTORY

Current Employer: _____

How Long? _____ Current Position: _____

Supervisor: _____ Annual Compensation: _____

Employer's phone number: _____

Previous Employer: _____

How Long? _____ Last Position: _____

Supervisor: _____ Annual Compensation: _____

Employer's phone number: _____

PREVIOUS RESIDENTIAL HISTORY

Your current or most recent address:

How Long? _____ Home Phone: _____

If you rent, please give Landlord's name:

Landlord's phone: _____

Monthly Rent: \$ _____

If mortgage, name of mortgage company: _____

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Amount of monthly payment: \$ _____

Your reason for moving:

Prior address: _____

How Long? _____ Home Phone: _____

If you rented, please give Landlord's name:

Landlord's phone: _____

Monthly Rent: \$ _____

If mortgage, name of mortgage company: _____

Amount of monthly payment: \$ _____

Your reason for moving

CREDIT REFERENCES

Name of Bank: _____

Branch: _____ Type of Acct. _____

If you have been with your present bank less than 6 months, please list your previous

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bank: _____

Branch: _____ Type of Account: _____

Please provide 2 additional vendors or utilities who will serve as credit references.

Name, Reference 1: _____

Type of Business or Service: _____

Address: _____

Phone # _____

Name, Reference 2: _____

Type of Business or Service: _____

Address: _____

Phone # _____

PERSONAL REFERENCES

Please list 2 individuals other than family who will serve as personal references

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

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I represent that the information provided in this Application is true and correct to the best of my knowledge. William B. Spaulding, or his designated agent, is authorized to verify the information, references, and employment information given in this application, and to request credit and or background check(s). I acknowledge receipt of a copy of this application.

Applicant Signature: _____

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, OR DISABILITY. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant may be used by William B. Spaulding to determine whether to accept this Application.

Return completed application to:

William B. Spaulding
5649 Summerwalk Court
Greensboro, NC 27455
Phone: 336-288-8713
Fax: 815-327-1897
Email: Bill@BillSpaulding.com