

RESIDENTIAL RENTAL APPLICATION

Landlord:	Scott's Apartment Rentals (Christopher H. Scott)
Address of Rental Property:	803 South Pine St. Pembroke, NC. 28372 (910-740-9955)
Owner Mailing Address	503 Island Grove Rd Maxton, NC 28364
Desired date of occupancy:	Lease Term- 12 Months

APPLICANT INFORMATION

Name:	Date of Birth
Social Security No.: - -	Driver's License No:
Contact Number:	

RENTAL HISTORY

Present Address	
How long at present address	Home Phone No.: ()
Current rent payment:	Reason for moving
Landlord's Name:	Phone No.:

Prior Address	
How long at prior address	
Current rent payment:	Reason for moving
Landlord's Name:	Phone No.: ()

SPOUSE INFORMATION / Second Tenant (if applicable)

Name of Spouse:	Date of Birth
Social Security No.: - -	Driver's License No:
Contact Number	

RENTAL HISTORY

Present Address	
How long at present address	Home Phone No.: ()
Current rent payment:	Reason for moving
Landlord's Name:	Phone No.:

Prior Address	
How long at prior address	
Current rent payment:	Reason for moving
Landlord's Name:	Phone No.: ()

NAMES OF CHILDREN (Total number not to exceed two)

Name	Child's Age:
Present Address	Home Phone No.: ()
	Relationship:
	School:
Name	Child's Age:
Present Address	Home Phone No.: ()
	Relationship:
	School:

VEHICLES

Vehicle Model:	Year:	Vehicle Model:	Year:
License No.:		License No.:	
Vehicle Color		Vehicle Color	

MISCELLANEOUS

Waterbed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smokers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you or anyone require a Service Dog <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Proof by medical professional must be provided.

Have you ever been evicted from any rental premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you ever willfully and intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

CURRENT EMPLOYER:

Employer:	Business Phone: ()
Position	How long:
Supervisor	Annual Income
Other Income:	

SPOUSE'S / SECOND TENANT -CURRENT EMPLOYER:

Employer:	Business Phone: ()
Position	How long:
Supervisor	Annual Income
Other Income:	

NEAREST RELATIVE NOT LIVING WITH YOU:

Name	
Address	
Relationship	Home Phone No.: ()

CREDIT/PERSONAL REFERENCES:

Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
Relationship:	Relationship:

BANK REFERENCES:

Name:	Name:
Branch:	Branch:

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Landlord does not discriminate against any applicant based on an illegal purpose including, race, color, religion, sex, national origin, age, disability or family status. Such discrimination as the sole basis of refusal to rent is illegal throughout the United States. Local or State laws may provide additional protected classes from discrimination. You can call the U.S. Department of Housing and Urban Development (HUD) at 1-800-424-8590 to ask questions about discrimination.

I represent that the information provided in this Application is true and correct to the best of my knowledge.

I understand that this Application is not a rental agreement and that this Application does not create any obligation on the Landlord.

I understand that the information provided might be used by Landlord to determine whether to accept this Application. I authorize Landlord to verify all the information given in this application, including banking and personal references and employment information provided.

I also authorize Landlord to perform a credit check and a criminal history check. I consent to the release of information relating to my credit and the information provided in this application.

Applicant's Print

Date

Spouse/Co-Applicant's Print

Date

If you wish to e-mail application to (scotts803@gmail.com) you may do so. You will be required to sign this form when printed.

Applicant's Signature

Date

Spouse/Co-Applicant's Signature

Date