

Cliff Creek Apartments
775 C.L. Tart Circle
Fayetteville, NC 28314



RENTAL APPLICATION
(Please Print Legibly)

Date Application Is Submitted: _____ Time: _____ AM PM Leasing Specialist: _____

Apt size desired: 1-Bedroom _____ 2-Bedroom _____ 3-Bedroom _____ Move-in Date Desired: _____

AREA/VIEW: _____ Pool View _____ 6- Month Lease
GARAGE/STORAGE: _____ Detached Garage _____ Storage 5x8 _____
FLOOR: _____ Ground _____ 1st floor _____ 2nd floor _____ 3rd floor

NAMES OF ALL OCCUPANTS (ROOMMATES MUST COMPLETE SEPARATE APPLICATIONS, PLEASE LIST LEASE HOLDER FIRST)

1)	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Date of Birth	Social Security No.	Relationship
2)	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Date of Birth	Social Security No.	Relationship
3)	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Date of Birth	Social Security No.	Relationship
4)	_____	_____	_____	_____	_____	_____
	Last	First	Middle	Date of Birth	Social Security No.	Relationship

Contact Telephone number(s): _____

Contact E-mail(s): _____

CURRENT ADDRESS (MINIMUM 4 YEARS PREVIOUS ADDRESS HISTORY REQUIRED)

_____	_____	_____	_____	_____	_____	_____	_____
Number & Street Name	City	State	Zip Code	Phone	From	To	
					\$		
Name of Apts./Private Landlord/Mortgage Co.		Their Address		Phone	Monthly Payment		

PREVIOUS ADDRESS – HEAD OF HOUSEHOLD

_____	_____	_____	_____	_____	_____	_____	_____
Number & Street Name	City	State	Zip Code	Phone	From	To	
					\$		
Name of Apts./Private Landlord/Mortgage Co.		Their Address		Phone	Monthly Payment		

PREVIOUS ADDRESS - SPOUSE

_____	_____	_____	_____	_____	_____	_____	_____
Number & Street Name	City	State	Zip Code	Phone	From	To	
					\$		
Name of Apts./Private Landlord/Mortgage Co.		Their Address		Phone	Monthly Payment		

*** Have you ever been evicted from any leased premises? _____ Yes _____ No

EMPLOYMENT OF ALL ADULTS (MINIMUM 2 YEARS EMPLOYMENT HISTORY REQUIRED)

HEAD OF HOUSEHOLD – CURRENT EMPLOYER

Current Employer _____	How Long? _____
Business Address _____	Business Phone _____
Your Position _____	Salary \$ _____ Per _____

HEAD OF HOUSEHOLD – PREVIOUS EMPLOYER

Previous Employer _____	How Long? _____
Business Address _____	Business Phone _____
Your Position _____	Salary \$ _____ Per _____

SPOUSE – CURRENT EMPLOYER

Current Employer _____	How Long? _____
Business Address _____	Business Phone _____
Your Position _____	Salary \$ _____ Per _____

SPOUSE – PREVIOUS EMPLOYER

Previous Employer _____	How Long? _____
Business Address _____	Business Phone _____
Your Position _____	Salary \$ _____ Per _____

ADDITIONAL INCOME

Source of additional income_____ Amount \$_____ Per _____

BANK INFORMATION – (IF USING TO HELP QUALIFY)

Checking Acct _____

Bank NameLocationCity, StateAmt. of Assets

Savings Acct _____

Bank NameLocationCity, StateAmt. of Assets

AUTOMOBILES

MakeModelYearColorPlate #

Description _____

Description _____

Recreational/Utility Vehicles _____

EMERGENCY CONTACT - Whom may we contact in case of personal emergency? (Someone not living with you.)

Name: _____ Relationship: _____

Address: _____

Street AddressCityStateZip

Home Phone (_____) _____ Work Phone (_____) _____

RESIDENT STATUS

Are you currently a U.S. Citizen? _____ Yes _____ No If not, please complete below:

Head of Household Visa TypeVisa #Expiration Date

Spouse Visa TypeVisa #Expiration Date

PETS

Will you have any pets? _____ Yes _____ No If so, please complete below, and include recent vaccinations:

TypeBreedColorWeightMale/FemaleNameAge

TypeBreedColorWeightMale/FemaleNameAge

Resident Statement: The information on this form is used to determine anticipated income for approved occupancy. I/We have provided either an Employer’s Verification of current anticipated annual income for each person set forth above or copies of their most recent federal income tax returns. I/We certify that the statements above are true and complete to the best of my knowledge and belief. I/We hereby authorize verification of the above information, as well as reference, credit and criminal background checks. I/We acknowledge that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. All persons and/or firms named may freely give any requested information concerning me and/or other adults applying for occupancy and I/we hereby waive all right of action for any consequences resulting from such information. I/We hereby pay \$_____ for the application processing fees. If for any reason Management declines this application, I/We understand that this application fee is non-refundable.

I/WE HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

Applicant’s SignatureDate

Management RepresentativeDate

Applicant’s SignatureDate



(FOR OFFICE USE ONLY)

RENTAL FEES TO BE CHARGED

Monthly Apartment Rental\$_____

Additional Rental:

_____\$_____

_____\$_____

_____\$_____

_____\$_____

Total monthly rental charges. \$ _____

Applicant offers to lease the premises for a term of _____ months.

Move-in Date _____

Address _____

First month Total Rental Charges (pro-rated)
(subject to change depending on move-in date)

First full month Total Rental Charges\$_____

Non-refundable Application Fee\$_____

Non-refundable Reservation Fee\$_____

Security Deposit\$_____

Non-refundable Pet Fee\$_____

Other\$_____

Total payment due in advance of occupancy\$_____

Payment Tendered with application\$_____

Estimated balance due in advance of occupancy\$_____