

## ADCOCK RENTAL MANAGEMENT, INC.

1111 S. HORNER BOULEVARD, SANFORD, NORTH CAROLINA 27330 (919) 774-6046 • FAX (919) 776-2344 www.adcockrentalsnc.com

## residential rental application

promptly process this application by suggest <b>you</b> preview properties, from	y thank you for your application. Please help us providing ALL of the requested information. We the exterior, to decide which one(s) you may be pointment to view the interior AFTER the application
Date of Application	Desired Move-in Date
	will sign a lease and pay the full required security deposit and an NOT take place more than 2 weeks before move-in date. at the same time.
Address of Property you are interested in	
	mber includes infants and children in the household.

## TO COMPLETE YOUR APPLICATION, PROVIDE THE FOLLOWING FOR EVERYONE 18 AND OLDER:

- 1) **Photo ID** Drivers License
- 2) Social Security Card
- 3) **Verification of Income** Pay Stub
- 4) Rental Reference
- 5) Full Criminal Report as far back as records reflect from Clerk of Court of current or prior county of residence (must have lived there at least 6 months)

A \$25.00 non-refundable application fee is required.

PERSONAL INFORMATION					
Applicant's Full Name  Date of Birth					
OTHER RESIDENTS	AGE	RELATIONSHIP	SOCIAL SECURITY NO.		

APPLIC	CANT INFORM	MATION	
NAME you are called	E-MAIL ADDRESS		
TELEPHONE #	CELL PHONE #		
PRESENT ADDRESS			
Name of landlord or person you live with/own			
Amount of Rent \$F			
PREVIOUS ADDRESS	CITY	STZIP	COUNTY
Name of landlord or person you live with/own		Time a	at Previous Address
Amount of Rent \$	Reason for Moving		
PRESENT EMPLOYER			
Address of Employer	CI	ГҮ	STZIP
Telephone #	Length of l	Employment	
Position Held	Departmen	t	
Supervisor	Present Inc	come \$	Per
DRIVERS LICENSE #	STATE _		
NAME OF EMERGENCY CONTACT (NOT LISTED ON APPLICATION)		RELATION	ISHIP
ADDRESS OF CONTACT			
TELEPHONE #'S			
Are you a full time student? Yes			
If Student, List School			
Address of School			
Grade Level	Expected I	Date of Graduation _	
HOUSEH	HOLD INFOR	MATION	
DO YOU HAVE PETS?	If yes, lis	st Breed	
A \$150.00 - \$300.00 N	ON-REFUNDABLE PI	E <b>T FEE IS REQ</b> UI	RED
NUMBER OF VEHICLES			
Make/Model		Year	Color
Tag No			
Make/Model		Year	Color
Tag No		State	
Make/Model		Year	Color
Tag No			

CO-APPLICANT INFORMATION			
NAME you are called	_E-MAIL ADDRESS		
TELEPHONE #	CELL PH	ONE #	
PRESENT ADDRESS	CITY	STZIP	COUNTY
Name of landlord or person you live with/own	1	Time at Pr	resent Address
Amount of Rent \$	Reason for Moving		
PREVIOUS ADDRESS	CITY	STZIP	COUNTY
Name of landlord or person you live with/own	1	Time at Pr	evious Address
Amount of Rent \$	Reason for Moving		
PRESENT EMPLOYER			
Address of Employer			
Telephone #	Length of	Employment	
Position Held	Departmen	nt	
Supervisor	Present Inc	come \$	Per
DRIVERS LICENSE #	STATE _		
NAME OF EMERGENCY CONTACT (NOT LISTED ON APPLICATION)			
ADDRESS OF CONTACT	C	TITY	STZIP
TELEPHONE #'S			
Are you a full time student? Yes	No Are you a p	art time student?	YesNo
If Student, List School			
Address of School			
Grade Level	Expected	Date of Graduation	
How did you hear about our company?			
A	UTHORIZATI	ON	
PLEASE RE	AD CAREFULLY BEF	ORE SIGNING	
		1 4 . 6	1 1 1 1 1
In considering this application from you, m It is important that the information be accur	•	•	•
the accuracy of the information, and you			^
signing this application, you are certifying t	this housing to be your sol	le/permanent residence.	
Signed		Date	
Signed			
		Dutc	

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MANAGEMENT SECTION					
DLSSEMPCRIMINALRENTALCREDITAPPLICATION FEE					
SPECIAL CONSIDERATIONS:					
APPROVED DENIED SECURITY DEPOSIT DATE APPROVED BY					