

Office Use: App revd (date/time): _____ / _____ am / pm, by (initial): _____ Move-in date: _____ Apt. # Assign: _____



**APPLICATION FOR LEASE OF APARTMENT
EQUAL HOUSING OPPORTUNITY
Thirty-Five North Apartments**



Property

541 N. 35 Street, Morehead City, NC 28557

Address

252.499.9141

Phone

336.765.7474

Fax

**INSTRUCTIONS: YOU MUST ANSWER ALL QUESTIONS IN FULL. DO NOT LEAVE ANY SPACES BLANK;
WRITE "NONE" WHERE APPROPRIATE.**

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE	
PREVIOUS OR MAIDEN NAME	DRIVER'S LICENSE # / STATE		STUDENT STATUS	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> No
HOW DID YOU HEAR ABOUT THIS APARTMENT COMMUNITY?						
EMAIL ADDRESS			PHONE NUMBER	ALTERNATE PHONE NUMBER		

CO-APPLICANT INFORMATION (other adult or 18+ years old dependent or emancipated minor)

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE	
PREVIOUS OR MAIDEN NAME	DRIVER'S LICENSE # / STATE		STUDENT STATUS	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> No
EMAIL ADDRESS			PHONE NUMBER	ALTERNATE PHONE NUMBER		

OTHER OCCUPANTS (List all other occupants)

NAME	AGE	DATE OF BIRTH	SS#	RELATIONSHIP
1.				
2.				
3.				
4.				

RESIDENTIAL HISTORY: MINIMUM 3 CONSECUTIVE YEARS REQUIRED! Attach additional pages if needed.

CURRENT ADDRESS

STREET ADDRESS			CITY	COUNTY	STATE	ZIP
DATES ____ / ____ / ____ TO ____ / ____ / ____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING		
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS			LANDLORD'S PHONE NUMBER	

APARTMENT SIZE DESIRED. Check any that apply (NOTE: All unit sizes may not be available at this property).

- 0-Bdrm 1-Bdrm 2-Bdrm 3-Bdrm 4-Bdrm 5-Bdrm

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

HOUSEHOLD INFORMATION. You must explain in the space below, any questions answered YES.

Have you or any members of your household ever had your lease terminated or ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you relocating from a property professionally managed by Community Management Corporation (CMC)? Community Name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any members of your household subject to a State lifetime sex offender registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD HISTORY. Please circle ALL STATES where you or any members of your household have lived.

ALABAMA	FLORIDA	LOUISIANA	NEBRASKA	OKLAHOMA	VERMONT
ALASKA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ARIZONA	HAWAII	MARYLAND	NEW HAMPSHIRE	PENNSYLVANIA	WASHINGTON
ARKANSAS	IDAHO	MASSACHUSETTS	NEW JERSEY	RHODE ISLAND	WEST VIRGINIA
CALIFORNIA	ILLINOIS	MICHIGAN	NEW MEXICO	SOUTH CAROLINA	WISCONSIN
COLORADO	INDIANA	MINNESOTA	NEW YORK	SOUTH DAKOTA	WYOMING
CONNECTICUT	IOWA	MISSISSIPPI	NORTH CAROLINA	TENNESSEE	
DELAWARE	KANSAS	MISSOURI	NORTH DAKOTA	TEXAS	
DISTRICT OF COLUMBIA	KENTUCKY	MONTANA	OHIO	UTAH	

CRIMINAL HISTORY

Have you or any members of your household been arrested for or convicted of any crimes listed below? YES NO
 If yes, indicate by using numbers below.

- | | | |
|-----------------------------|------------------------------------|---------------------------------------|
| 1. HOMICIDE/MURDER | 4. THREATS OR HARASSMENT | 9. PUBLIC INTOX./DRUNK AND DISORDERLY |
| 2. RAPE OR CHILD MOLESTING | 5. DESTRUCT. OF PROP./VANDALISM | 10. RECEIVING STOLEN GOODS |
| 3. BURGLARY/ROBBERY/LARCENY | 6. ASSAULT OR FIGHTING | 11. FRAUD |
| | 7. DRUG TRAFFICKING/USE/POSSESSION | 12. PROSTITUTION |
| | 8. CHILD ABUSE/DOMESTIC VIOLENCE | 13. DISORDERLY CONDUCT |

MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking.

MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER
MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER

EMERGENCY CONTACT (s)

NAME		ADDRESS		
RELATIONSHIP	PHONE #	ALTERNATE PHONE #	In case of emergency, would this person have permission to enter your unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME		ADDRESS		
RELATIONSHIP	PHONE #	ALTERNATE PHONE #	In case of emergency, would this person have permission to enter your unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If any adult is currently unemployed or has lost a job within the last 12 months, please provide prior job information. If none, please write "NONE".

FAMILY MEMBER NAME	PREVIOUS EMPLOYER NAME, ADDRESS & PHONE #	DATE TERMINATED

INCOME DETAILS. List each source of income for all household members. Use gross amounts (before deductions). *Income/amounts from all sources will be verified.*

FAMILY MEMBER NAME	INCOME SOURCE/TYPE (I.E., WAGES, SSI)	EMPLOYER/PROVIDER ADDRESS & PHONE #	ANNUAL GROSS AMOUNT
			\$
			\$
			\$
			\$
			\$

SIGNATURES

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE ATTACHED FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE.)

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

***PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION.
EQUAL HOUSING OPPORTUNITY***

***THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE.**

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that _____ may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.