



Real Estate Sales
&
Property Management

Residential Rental Application

Heather Freeman
NC Real Estate Broker/Owner

301 McCullough Drive
Suite 400
Charlotte, NC 28262
Direct: (704) 574-5575
Fax: (888) 244-8319

heather@lenoxproperties.com

RENTAL PROPERTY ADDRESS: _____
Street Address City State Zip

DESIRED DATE OF MOVE-IN: ____ / ____ / 20____

PRIMARY APPLICANT INFORMATION

FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DOB: ____ / ____ / ____

HOME PHONE: _____ MOBILE PHONE: _____ EMAIL: _____

DRIVERS LICENSE / ID NUMBER: _____ STATE: _____

NAME OF ADDITIONAL OCCUPANTS & RELATIONSHIP TO PRIMARY APPLICANT

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

APPLICANT / OCCUPANT VEHICLE(S)

MAKE: _____ MODEL: _____ YEAR: _____ TAG#: _____

MAKE: _____ MODEL: _____ YEAR: _____ TAG#: _____

MAKE: _____ MODEL: _____ YEAR: _____ TAG#: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
Street Address City State Zip

SUPERVISOR / HR: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____ STILL EMPLOYED? _____
Beginning Date YES NO

PREVIOUS EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
Street Address City State Zip

SUPERVISOR / HR: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____
Begin Date End Date

APPLICANT PERSONAL REFERENCES

NAME 1: _____ **RELATIONSHIP:** _____

ADDRESS: _____
Street Address City State Zip

PHONE: _____ **HOW LONG HAVE YOU KNOWN THIS REFERENCE:** _____

NAME 2: _____ **RELATIONSHIP:** _____

ADDRESS: _____
Street Address City State Zip

PHONE: _____ **HOW LONG HAVE YOU KNOWN THIS REFERENCE:** _____

NAME 3: _____ **RELATIONSHIP:** _____

ADDRESS: _____
Street Address City State Zip

PHONE: _____ **HOW LONG HAVE YOU KNOWN THIS REFERENCE:** _____

APPLICANT EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT ADDRESS _____
Street Address City State Zip

PHONE: _____

EMAIL: _____

CO-APPLICANT INFORMATION

FULL LEGAL NAME: _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ DOB: ____ / ____ / ____
HOME PHONE: _____ MOBILE PHONE: _____ EMAIL: _____
DRIVERS LICENSE / ID NUMBER: _____ STATE: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
Street Address City State Zip

SUPERVISOR / HR: _____ **PHONE:** _____

LENGTH OF EMPLOYMENT: _____ **STILL EMPLOYED?**
Beginning Date YES NO

PREVIOUS EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
Street Address City State Zip

SUPERVISOR/ HR: _____ **PHONE:** _____

LENGTH OF EMPLOYMENT: _____
Begin Date End Date

RENTAL HISTORY

CURRENT ADDRESS: _____
Street Address City State Zip

DATES LIVED AT THIS ADDRES: From _____ to _____

REASON FOR LEAVING: _____

LANDLORD / MANAGER: _____ **LANDLORD / MANAGER’S PHONE:** _____

LANDLORD / MANAGER EMAIL: _____

PREVIOUS ADDRESS: _____
Street Address City State Zip

DATES LIVED AT THIS ADDRES: From _____ to _____

REASON FOR LEAVING: _____

LANDLORD / MANAGER: _____ **LANDLORD / MANAGER’S PHONE:** _____

LANDLORD / MANAGER EMAIL: _____

INCOME

NET MONTHLY EMPLOYMENT INCOME BEFORE DEDUCTIONS: \$ _____

NET MONTHLY INCOME FROM OTHER SOURCES (AVERAGE): \$ _____

TOTAL NET MONTHLY INCOME: \$ _____

MISCELLANEOUS

(Check appropriate answer)

DO YOU HAVE PETS? YES NO IF YES, DESCRIBE _____
BREED / AGE / WEIGHT

NOTE: NOT ALL PROPERTIES ARE PET FRIENDLY. IF PET(S) APPROVED, A NON-REFUNDABLE PET FEE WILL BE REQUIRED. SPECIFIC RULES AND REGULATIONS REGARDING PETS WILL APPLY.

DO YOU HAVE A SERVICE / THERAPY ANIMAL? YES NO IF YES, DESCRIBE _____
BREED / AGE / WEIGHT

NOTE: WHEN A REASONABLE ACCOMODATION REQUEST FOR HOUSING IS SUBMITTED FOR A SERVICE OR THERAPY ANIMAL, WE WILL VALIDATE DOCUMENT AUTHENTICITY FOR TENANT APPROVAL.

DO YOU SMOKE? YES NO

HAVE YOU EVER BEEN EVICTED? YES NO IF YES, EXPLAIN BELOW.

DO YOU HAVE ANY JUDGEMENTS ON RECORD? YES NO IF YES, EXPLAIN BELOW

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN BELOW

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF YES, EXPLAIN BELOW

EXPLANATION:

CO-APPLICANT PERSONAL REFERENCES

NAME 1: _____ RELATIONSHIP: _____

ADDRESS: _____
Street Address City State Zip

PHONE: _____ HOW LONG HAVE YOU KNOWN THIS REFERENCE: _____

NAME 2: _____ RELATIONSHIP: _____

ADDRESS: _____
Street Address City State Zip

PHONE: _____ HOW LONG HAVE YOU KNOWN THIS REFERENCE: _____

NAME 3: _____ RELATIONSHIP: _____

ADDRESS: _____
Street Address City State Zip

PHONE: _____ HOW LONG HAVE YOU KNOWN THIS REFERENCE: _____

CO-APPLICANT EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT ADDRESS _____
Street Address City State Zip

PHONE: _____

EMAIL: _____

