



Real Estate Sales
&
Property Management

Residential Rental Application

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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

RENTAL HISTORY

CURRENT ADDRESS: _____
Street Address City State Zip

DATES LIVED AT THIS ADDRESS: 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 ADDRESS: 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? _____ IF YES, DESCRIBE _____
YES NO KIND / AGE / WEIGHT

DO YOU HAVE A SERVICE ANIMAL OR EMOTIONAL SUPPORT ANIMAL?
_____ IF YES, DESCRIBE _____
YES NO KIND / 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 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:

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: _____

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my lease or rental agreement may be terminated if I have made any false, misleading or incomplete statement(s) in this application. I hereby authorize verification of all information provided in this application, including financial and credit information, via credit bureaus and/or contact with current and previous employers, current and previous landlords and personal references.

 APPLICANT SIGNATURE

 DATE SIGNED

 CO-APPLICANT SIGNATURE

 DATE SIGNED

****THIS SECTION FOR PROPERTY MANAGEMENT COMPANY USE ONLY****

APPLICATION PROCESS		TENANT FINANCIAL OBLIGATION	
Credit/Background Check Requested		Application Fee	\$
Credit/Background Check Completed		Security Deposit	\$
Credit/Background Determination		Pet Fee	\$
Employment Verification Requested		First Month's Rent	\$
Employment Verification Completed			
Landlord Verification Requested			
Landlord Verification Completed			

Applicant APPROVED
 DENIED

Additional Notes: _____

Notification sent _____
 Date