

Hunter Realty & Property Management, LLC

3000 Bethesda Place, Suite #603 - Winston-Salem, NC 27103

RESIDENTIAL RENTAL APPLICATION

The unders	igned he	ereby makes	applicatio	n to rent the p	roperty loc	ated at the a	ddress listed be	low:
Beginning o	n		_, 20	_, for a term of	f mor	iths at a mon	thly rental rate	of \$
Property wa	as show	n to the appli	cant by: _			, an agent	t with	
on		<u>.</u> The	agent car	be contacted	by phone at	t		or by email
at:								
Tenant (has () has not m	ade an or	nsite examinati	ion of the p	roperty prio	r to submitting t	this application.
			PE	RSONAL	INFORI	MATION		
APPLICAN'	Γ:							
First Name:				Middle:	La	ıst Name:		
Date of Birt	h:			_ Social Securi	ty #:			
Home Phon	e:			_ Work Phone	:		Cell Phone:	
Email Addr	ess:			F			State:	
CO-APPLI	CANT:							
First Name:				_ Middle: Last Name:				
Date of Birt	h:			Social Security #:				
Home Phon	e:			Work Phone:			_Cell Phone:	
Email Address:			Photo ID #:				State:	
OTHER O	CCUPA	NTS (including	children):					
Full Name:				1	λσο:	Relation	chin:	
				Age:Relationship:Age:Relationship:			_	
				Age: Relationship:				
				Age: Relationship:				
PETS:				•	-ge-i	ROJUCION		
Do you have						ete the sectio	on below.	
CAT	W MANY	DECLAWED	FIXED	AGE	SEX	WEIGHT		BREED
CAT								
DOG								
DOG								
OTHER								
OTHER								

VEHICLE	INFORMAT	ION:				
Year:	Make:		Model:	Та	g #:	State:
					_	State:
					_	State:
Year:	Make:		Model:	Та	g #:	State:
QUALIFIC	CATION QUE	ESTIONS:				
-		ts ever had a foreclo	sure?			No Yes
	of the applican	ts ever filed bankruj				No Yes
Have any o	of the applican	ts ever been evicted				No Yes
Have any o	of the applican	ts ever intentionally	refused to pay rent wh	en due?		No Yes
Have any o	,	•	ed of, plead guilty, or no			se? No Yes
•	If Yes, please	provide the date of co	nviction:			
•	Facts surroun	ding conviction:				
•	State & Count	y in which the felony	and/or conviction occurr	ed:		
	l to mark an answe	er to any of these questions,	•	ıs your intentional ı		hat the answer is "No." Should we
RESIDEN	CE HISTORY	(for past 3 year:	s beginning with the	e most curre	ent):	
Current Ad	ldress:		City:		State:	Zip Code:
Owner/Ag	ent:		_Contact Phone:		_ Monthly P	ayment: \$
Are you un	der a lease? _	If so,	when does lease expire	e:	_Are you a l	nomeowner?
Have you g	iven proper n	otice as required by	your lease to vacate? _			
	If no, please e	xplain:				
Previous A	.ddress:		City:		State:	Zip Code:
Move-In Da	ate:	Move-Out Date: _	Reason	n for Leaving:		
Owner/Age	ent:		_ Contact Phone:		_ Monthly P	ayment: \$
Are you un	der a lease? _	If so,	when does lease expire	e:	_Are you a l	nomeowner?
Have you g	iven proper n	otice as required by	your lease to vacate? _			
•	If no, please e	xplain:				
Previous A	ddress:		City:		State:	Zip Code:
Move-In Da	ate:	Move-Out Date: _	Reason	n for Leaving:		
Owner/Age	ent:		_ Contact Phone:		_ Monthly P	ayment: \$
Are you un	der a lease? _	If so,	when does lease expire	e:	_ Are you a l	nomeowner?
Have you g	iven proper n	otice as required by	your lease to vacate?			
•	If no, please e	xplain:				

EMPLOYMENT INFORMATION:

PROVIDE NEW/LOCAL EMPLOYMENT INFORMATION. Please attach a copy of a recent paystub or employment letter. If self-employed, please provide documentation of income, e.g., copy of last 2 years tax returns, 3 months of bank statements, copy of 1099.

APPLICANT'S EMPLOYM	IENT STATUS: Full Time: Part-Ti	me: Student: Retire	ed: Unemployed:
Current Employer:		Position:	
Address:	City:	State:	Zip Code:
Start Date:	End Date:	_ Gross Monthly Salary: \$	
Supervisor:		Contact Phone:	
Previous Employer:		Position:	
Address:	City:	State:	Zip Code:
Start Date:	End Date:	_Gross Monthly Salary: \$	
Supervisor:		Contact Phone:	
CO_ADDI ICANT'S EMDI (DYMENT STATUS: Full Time: Part	Time Ctudent Deti	codi Olinomployadi O
	•		
	City:		
	End Date:		
Supervisor:		Contact Phone:	
	City:		
	End Date:		
Supervisor:		_Contact Phone:	
ADDITIONAL INCOME:			
Source of Income:	Contact Phone:	Month	lv Amount: \$
	Contact Phone:		-
	Contact Phone:	·	
	Contact Phone:		ly Amount: \$
Please attach proof of income for any	additional income to be considered when evaluating	g your application.	
EMERGENCY CONTACT	:		
Name:	Relationship:	Fmail Address	
	City:		
	Work Phone:		
	ATION/EXPLANATIONS:		
21 110 MILL ORIVI			

Each person eighteen (18) years of age or older must complete and sign an application. If a co-signer is necessary, the co-signer must also complete and sign an application, or guarantor form. Non-refundable processing fee (per applicant) will be collected with this application in order to process the consumer reports on each applicant. Holding Deposits are accepted, in some cases, and are applied to the security deposit when approved applicant signs a lease. The deposit is non-refundable if the applicant is approved and chooses not to rent the property. Please completely fill in your application. If you do not, we will not be able to process the application successfully.

Tenancy will be denied if any information is misrepresented on this application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated immediately, and you will be asked to leave the property. We verify your current and past employment, your current and past rental and eviction history, run a full credit report, and review all criminal records within the last 20 years on a nationwide scale. All applicants are processed without regard to race, color, religion, gender, handicap, familial status, national origin or sexual orientation.

This is to advise that I, the undersigned, hereby authorize Resident Research, LLC, acting as the landlord's designated screening organization for the above-referenced rental property, to obtain a consumer credit report from any or all 3 credit bureaus, conduct a nationwide criminal records search, a nationwide eviction search, residence verification(s), and employment verification(s) to determine eligibility for tenancy and assessing credit worthiness.

I certify that all statements I have made on this document are true, correct and complete. I authorize a verification of all statements made by me, including but may not be limited to credit history, criminal background, eviction history, current & former landlords, as well as current and former employers. I release from all liability or responsibility all persons, companies and corporations conducting such verifications, or supplying information for such verifications.

Hunter Realty & Property Management, LLC abides by the Federal Fair Housing Laws.

\$35.00 Fee on All Returned Checks.

If yoı	have any questions concert	ning the application an	d rental process, p	olease contact our offi	ce at 336-283-9777.
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I have read and understand the provisions provided as stated above.

Applicant's Signature	Co-Applicant's Signature	
Applicant's Name (Printed)	Co-Applicant's Name (Printed)	
Date Signed	Date Signed	

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE				
Received by:	Application Fee	Viewed Property	Picture ID Copy	Source
	\$45			



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I authorize and agree that all parties at Hunter Realty & Property Management LLC may contact my current landlord in order to provide written and/or verbal rental history information necessary to review my application to rent from Hunter Realty & Property Management, LLC.

Signature:	Date:
Signature:	Date:
APPI ICANT: PI FASE	DO NOT WRITE BELOW THIS LINE
ALI LIGANI. I LEAGE	DO NOT WRITE BELOW THIS LINE
TO WHOM IT MAY CONCERN:	
The person who has signed this form has applied to re help us greatly if you would take the time to furnish the	nt a property from Hunter Realty & Property Management, LLC. It would e information requested.
Thank you for your assistance.	
PLEASE FAX TO (336) 899-83	80 OR EMAIL HUNTERREALTY@TRIAD.RR.COM
Name:	Address:
Rental Dates: Beginning:	Ending:
Monthly Rental Amount: \$	Pets?
# of Late Payments:	
Number of filed evictions on resident:	Any complaints from other residents?
If yes, please explain:	
Has resident given notice?	Current monies owed:
Will/did the resident receive full refund of security de	posit?
Would you rent to this person again? If no, please expl	ain:
Additional comments:	
Form completed by:	
(signature)	(date)
EOD OFFICE LICE ONLY	V DO NOT WDITE DELOW THICH INC
FOR OFFICE USE ONL	Y. DO NOT WRITE BELOW THIS LINE
Hunter Realty & Property Management, LLC Agent Na	me: