

Hunter Realty & Property Management, LLC

3000 Bethesda Place, Suite #603 - Winston-Salem, NC 27103
Visit Us Online at: www.hunterrealtyonline.com
Email Address: hunterrealty@triad.rr.com
Phone: (336) 283-9777 Fax: (336) 899-8380

RESIDENTIAL RENTAL APPLICATION

The undersigned hereby makes application to rent the property located at the address listed below:

Beginning on	, 20	, for a term of	months at a monthly rental rate of \$	

Property was shown to the applicant by: ______, an agent with ______

on ______. The agent can be contacted by phone at ______ or by email

at: ____

Tenant

has has not made an onsite examination of the property prior to submitting this application.

PERSONAL INFORMATION

APPLICANT:

First Name:	Middle:	_ Last Name:	
Date of Birth:	_Social Security #:		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:	Photo II	D #:	State:
CO-APPLICANT:			
First Name:	_Middle:	_Last Name:	
Date of Birth:	_Social Security #:		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:	Photo II	D #:	State:
OTHER OCCUPANTS (including children):			
WILL DEPENDENTS OR OTHER OCCUP	ANTS BE LIVING IN	N THE UNIT? Yes	No
Full Name:	Age:	Relationship:	
Full Name:	Age:	Relationship:	
Full Name:	Age:	Relationship:	
Full Name:	Age:	Relationship:	
PETS:			

Do you have any pets or animals? _____

If yes, please complete the section below.

	HOW MANY	DECLAWED	FIXED	AGE	SEX	WEIGHT	BREED
CAT							
САТ							
DOG							
DOG							
OTHER							
OTHER							

VEHICLE INFORMATION:

Year:	Make:		Model:	Tag #:	Sta	ate:
Year:	Make:		Model:	Tag #:	Sta	ate:
Year:	Make:		Model:	Tag #:	Sta	ate:
Year:	Make:		Model:	Tag #:	Sta	ate:
QUALIFI	CATION QUE	ESTIONS:				
Have any o	••	ts ever had a foreclo Explain	sure?		No	Yes
Have any o		ts ever filed bankrug Explain	otcy?		No	Yes
Have any o		ts ever been evicted Explain	for any reason?		No	Yes
Have any o		•	refused to pay rent when		No	Yes
Have any o	of the applican	ts ever been convicto	ed of, plead guilty, or no c	ontest to a felony of	fense? No	Yes
•	If Yes, please	provide the date of co	nviction:			
•	Facts surroun	ding conviction:				
•	State & Count	y in which the felony a	and/or conviction occurred	:		
			we shall consider such failure as y sstitute your breach of Paragraph i		on that the answer is "	No." Should w
RESIDEN	CE HISTORY	(for past 3 years	s beginning with the r	nost current):		
Current Ad	ldress:		City:	State	: Zip Code	e:
Move-In Da	ate:	Move-Out Date:	Reason f	or Leaving:		
Owner/Ag	ent:		Contact Phone:	Monthl	y Payment: \$	
Are you un	der a lease? _	If so,	when does lease expire: _	Are you	ı a homeowner? _	
Have you g	given 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 f	or Leaving:		
Owner/Ag	ent:		Contact Phone:	Monthl	y Payment: \$	
Are you un	der a lease? _	If so,	when does lease expire: _	Are you	ı a homeowner? _	
Have you g	jiven proper n	otice as required by	your lease to vacate?			
•	-	-				
Previous A			City:	State		e:
Move-In Da	ate:	Move-Out Date:	Reason f	or Leaving:		
Owner/Ag	ent:		Contact Phone:	Monthl	y Payment: \$	
Are you un	der a lease? _	If so,	when does lease expire: <u>.</u>	Are you	ı a homeowner? _	
Have you g	given 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 EMPLOYME	NT STATUS: Full Time:	Part-Time:	Student:	Retired:	Unemployed:
Current Employer:			Position:		
Address:	City	y:	State	e:	Zip Code:
Start Date:	End Date:	Gros	s Monthly Salar	y: \$	
Supervisor:		Cont	act Phone:		
Previous Employer:			_ Position:		
Address:	City	y:	State	e:	Zip Code:
Start Date:	End Date:	Gros	s Monthly Salar	y: \$	_
Supervisor:		Cont	act Phone:		
CO-APPLICANT'S EMPLOY	MENT STATUS: Full Tim	e: Part-Time	e: Student:	Retired	Unemployed:
Current Employer:			_ Position:		
Address:	Cit	y:	State	e:	Zip Code:
Start Date:	End Date:	Gros	s Monthly Salar	y: \$	
Supervisor:		Cont	act Phone:		
Previous Employer:			_ Position:		
Address:	City	y:	State	e:	Zip Code:
Start Date:	End Date:	Gros	s Monthly Salar	y: \$	
Supervisor:		Cont	act Phone:		
ADDITIONAL INCOME:					
Source of Income:	Conta	act Phone:		_Monthly A	Amount: \$
Source of Income:	Conta	act Phone:		_Monthly A	Amount: \$
Source of Income:	Conta	act Phone:		_Monthly A	Mount: \$
Source of Income:	Conta	act Phone:		_Monthly A	Mount: \$
Please attach proof of income for any ad	lditional income to be considered wi	hen evaluating your d	application.		
EMERGENCY CONTACT:					
Name:	Relationship	:	Email Ac	ldress:	
Address:	Cit	y:	State	e:	Zip Code:
Home Phone:	Work Phone:		Cell	Phone:	
ADDITIONAL INFORMAT	CION/EXPLANATIONS				

Each person eighteen (18) years of age or older must complete and sign an application. If a co-signer is necessary, the cosigner 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.

\$25.00 Fee on All Returned Checks.

If you have any questions concerning the application and rental process, please contact our office at 336-283-9777.

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 ONL	Y. DO NOT WRITE B	ELOW THIS LINE	
Received by:	Application Fee	Viewed Property	Picture ID Copy	Source



Hunter Realty & Property Management, LLC

3000 Bethesda Place, Suite #603 - Winston-Salem, NC 27103 Visit Us Online at: www.hunterrealtyonline.com

Phone: (336) 283-9777 **Fax**: (336) 899-8380

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: _____

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE

TO WHOM IT MAY CONCERN:

The person who has signed this form has applied to rent a property from Hunter Realty & Property Management, LLC. It would help us greatly if you would take the time to furnish the information requested.

Thank you for your assistance.

PLEASE FAX TO (336) 899-8380 OR EMAIL HUNTERREALTY@TRIAD.RR.COM

Name:	Address:
	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 deposit	?
Would you rent to this person again? If no, please explain: _	
Additional comments:	
Form completed by:(signature)	(date)

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Hunter Realty & Property Management, LLC Agent Name: _____