Morganton Arms

Apartment Homes

2203-2305 Morganton Rd. Fayetteville, NC 228303 Mail address: P.O. BOX 8497 Richmond, VA 23226

(910) 867–7373 fax) 910–321–2857 email: morgantonarmsmanager@gmail.com

Rental Application

Office Use Only:

Unit #_____Move-In Date____
Unit Size____Sec. Dep. \$____
App. Fee____Other___
Pro-rate:____Pet____

Ver: 4/23/2019

Date of Application:	Move in date (or range of dates) desired?				
Full Name (incl. middle)					
Date of Birth	Social Security # _				
Cell Phone:	Home Phone:	Email:			
Present Address	Ci	ty	State	Zip	
(PHYSICAL ADDRES	S, NO P.O. BOX PLEASE)				
How Long	Telephone #		Rent per Month \$		
Name of Landlord			Telephone		
Previous Address	Ci	ty	State	Zip	
How Long	Telephone #		Rent per Month \$		
Name of Landlord			Telephone		
Current Employer	Ac	ddress			
Telephone #	Position		How Long?		
Supervisor's Name			Gross Monthly Inco	me \$	
(We will need a copy of	your most recent pay stub an	d/or a compl	eted income verification	on form)	
Previous Employer	Ac	ddress			
Telephone #	Position		How Long?		
Supervisor's Name			Gross Monthly Income \$		
Automobile Make	Model	Year_	Col	or	
LicenseRegistered To)	Monthly Payment \$			
Other Income \$	Source				
Other Income \$					
Name and relationship of all pe	ersons to be occupying apartr	ment (includi	ng children and their a	anes).	
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3 Name			Relationship		

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4. Name	Age	Relationship	
Pets: YesNo	Type, Breed, Descriptic	on:	
		month for the 1st pet and a \$125 non-refundable	le pet
fee plus \$20 per month for an additi	onal pet. Two (2) pet Maxi	imum. (Management reserves the right to den	y any
pet it deems undesirable)			
Have you ever been convicted of a fe	elony?		
Have you ever filed for bankruptcy?_	Have you ϵ	ever been evicted or foreclosed upon?	
In case of Emergency contact		Relationship	
Address		Telephone	
Personal References (please give th	ree)		
Name	Address	Telephone	
Name	Address	Telephone	
Name	Address	Telephone	
 If applicant is not approved, deposit. The Deposit placed to hold an allease and begin paying rent by the 	osit will be returned. apartment will be applied to ne agreed upon lease incept	or making application and deposit will be returned to liquidated damages if the applicant fails to solition ("move-in") date. paid and current resident, if one, moving or	ign a
application, including: credit repolice and vehicle records, and a agents from all liability for any date certify that the information furn	orts, civil or criminal act any other relevant inform amage whatsoever incurre ished by me on this app tion is found to be false ement entered into under		tails, s and ion. I f my
Signature:		Date:	