



P.O. Box 11813
 Durham, NC 27704
 (919) 688-0975 (919) 688-0015 *Fax*
www.WhitesEnt.com

Rental/Credit Application

Date: ___/___/___

For Office Use Only	
Application Fee \$25.00	Monthly Rent:
Concession (If Any):	Move In Date:
Appl. Taken By:	Lease Term:

Applicant	
Name:	Date of Birth:
SS#:	Drivers License: State:
Present Address:	Length of Res.:
Home Phone: ()	Work Phone: () Email:
Landlord/Mortgage Holder Name:	
Phone:()	Rent/Mortgag:\$
Previous Address:	
Landlord	Length of Res.:
Mortgage/ Rent Amount:	Phone#:()
# of Persons To Occupy Apt.:	
Do You Or Any Household Member Require Special Housing Needs? Yes No	
If Yes, Explain:	
Address of Unit Applying for:	
Date Apt. Needed:	
Referred To Us By:	
Have you Ever	
Filed for bankruptcy Yes No If Yes When?	
Been served an eviction notice or been asked to vacate a property you were renting?	
Willfully or intentionally refused to pay rent when due?	

Spouse/Co-Applicant	
Name:	Date Of Birth:
SS#:	Drivers License: State:
Have you Ever	
Filed for bankruptcy Yes No If Yes When?	
Been served an eviction notice or been asked to vacate a property you were renting?	
Willfully or intentionally refused to pay rent when due?	

Bank Information

Bank Name:	Telephone:
Address	
Checking Account	Savings Account

Personal References

Name:	Relationship	Telephone
1		
2		
3		

Persons Other Than Applicants To Occupy Apartment

Name:	Relationship:	Age:

Employment Information

Applicant:		
Employer:	Address:	
Position:	Supervisor:	Phone#:
Period of Employment:	Monthly Income:	Annual Income:
Previous Employer:	Address:	How Long?:
Position:	Supervisor:	Phone#:

Spouse/Co-Applicant:

Employer:	Address:	
Position:	Supervisor:	Phone#:
Period of Employment:	Monthly Income:	Annual Income:
Previous Employer:	Address:	How Long?:
Position:	Supervisor:	Phone#:

Emergency Contact

Name:	Relationship	Address:	Phone#:

I/We , the undersigned represent that the above statements are true and complete and authorizes the verification of information and references given. It is understood that the application fee of \$25.00 is non-refundable regardless of approval or denial of applicaion.

Applicant's Signature:	Date:
Spouse/Co-Applicant's Signature:	Date: