



Apartment Association of North Carolina
RESIDENT APPLICATION FOR OCCUPANCY

Date: \_\_\_\_\_

Name of Community: The Pines at Bethabara (hereinafter "Management")

Apartment/Address of Property for Occupancy: 511 Bethabara Hills Ct., Winston Salem, NC 27106

Expected Occupancy Date: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Mo. Rental Rate: \_\_\_\_\_

PART 1 (PLEASE PRINT CLEARLY)

Applicant: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Email Address: \_\_\_\_\_

Co-Applicant/Spouse: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you or your co-applicant/spouse ever been convicted by a court of law? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you or your co-applicant/spouse ever been convicted for any felony offense? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Total number of persons who will occupy apartment (including applicants): \_\_\_\_\_

OTHER OCCUPANTS: Please provide Social Security and Driver's License Number for any occupant 18 or older

Table with 4 columns: Full Name, Age, DOB, Relationship. Rows 1) through 4).

In case of emergency notify (other than occupants): \_\_\_\_\_ Tel: \_\_\_\_\_

Mailing address of emergency contact: \_\_\_\_\_

Do you have any pets? If so, please specify type(s)/breed(s): \_\_\_\_\_ Weight(s): \_\_\_\_\_

PART 2 RESIDENCE HISTORY FOR LAST THREE YEARS (LIST CURRENT FIRST, THEN PREVIOUS)

Street Address, City, State & Zip: \_\_\_\_\_

Landlord/Mortgage Co.: \_\_\_\_\_

Tel: \_\_\_\_\_ How Long? \_\_\_\_\_ Mo. Rent/Pmt.: \_\_\_\_\_

Street Address, City, State & Zip: \_\_\_\_\_

Landlord/Mortgage Co.: \_\_\_\_\_

Tel: \_\_\_\_\_ How Long? \_\_\_\_\_ Mo. Rent/Pmt.: \_\_\_\_\_

Street Address, City, State & Zip: \_\_\_\_\_

Landlord/Mortgage Co.: \_\_\_\_\_

Tel: \_\_\_\_\_ How Long? \_\_\_\_\_ Mo. Rent/Pmt.: \_\_\_\_\_

**PART 3 EMPLOYMENT FOR LAST THREE YEARS (LIST CURRENT FIRST, THEN PREVIOUS)**

**APPLICANT:**

Company Name: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Tel: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Tel: \_\_\_\_\_

**CO-APPLICANT/SPOUSE:**

Company Name: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Tel: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Tel: \_\_\_\_\_

**OTHER INCOME?** If so, please provide the following information:

Source: \_\_\_\_\_ Amt. per month: \_\_\_\_\_ (Please provide documentation)

(NOTE: Sources of additional income will NOT be considered, unless applicant(s) provide documentation that establishes such income.

**PART 4 VEHICLE IDENTIFICATION**

Make/Model/Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ County/State: \_\_\_\_\_

Make/Model/Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ County/State: \_\_\_\_\_

**APPLICATION FEE**

Applicant(s) understand and agree that this application shall not be considered by management until the application fee of \$ 35.00 is paid. Applicant(s) understand and agree that the application fee is used by management for the payment of processing of this application, which includes costs for verifying the authenticity of the information provided and to obtain or otherwise procure information regarding applicant's credit history, criminal background, and rental references. As such, applicant(s) understand and agree that the application fee is nonrefundable. Applicant(s), by signing this application for occupancy, represent that the information provided herein is true and correct to the best of their knowledge. In the event that management discovers that any information provided herein is false, resident understands and agrees that management may, at management's sole option, reject this application and immediately rescind any current or future agreement with applicant(s).

**OTHER FEE(S)**

List and describe: \_\_\_\_\_

**APPLICATION(S) RELEASE AND AUTHORIZATION**

By signing this application for occupancy, the undersigned applicant(s) authorize management to obtain a consumer credit report and any other information necessary in management's sole discretion to assist in the evaluation of this application for occupancy. Applicant(s) understand and agree that any such information obtained by management may include, but is not limited to, applicant's credit history, criminal record, evidence of any civil litigation and civil judgments, records of arrest, past rental history, employment history, salary information and history, vehicle records, driver's license records, driving history, or any other information. Applicant(s) release management, its principals, investors, employees, agents, vendors, the owner(s) of the community or property generally described in this application, and any furnisher or supplier of information related to this application from any and all liability in the procurement, use, distribution, and possession of all obtained information. Applicant(s) also understand and agree that the information provided in this application and other consumer reports, to include credit reports, criminal records, evidence of any civil litigation, and civil judgments, records of arrest, past rental history, employment history, salary information/history, vehicle records, driver's license records, driving history, or any other information may be provided to state, local, and/or federal government agencies. Any disposal of information received by management shall be done in accordance with 16 CFR part 682 and N.C. Gen. Stat. § 75-64, et seq.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S/SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

