## RENTAL APPLICATION

APPLICANT'S INFORMATION					
Applicant's Name (last)		(first)	(middle) _		
Social Security #	B	irthdate/	Driver's License #	State	
Employer		Date Started/En	dedPosition		
Employer's Full Address					
Employer Phone()	Supervisor		Shift		
Gross Income \$	( )HR ( )WK ( )	)MO ()YR	Other Income		
Previous Employer (if less than					
Employer's Full Address			Position	Position	
Employer Phone()	Supervisor		Date Started/	Ended	
	SPOUSE OR CO-	APPLICANT I	NFORMATION		
Applicant's Name (last)		(first)	(middle) _		
Social Security #	B	irthdate//	Driver's License #	State	
Employer		Date Started/En	dedPosition		
Employer's Full Address					
Employer Phone()					
Gross Income \$	( )HR ( )WK (	)MO ()YR Other	Income		
Previous Employer (if less than	6 mo. at present job)				
Employer's Full Address					
Employer Phone()	Supervisor		Date Started/	Ended	
	RESII	DENCE HISTO	ORY		
Present Address			Cu	rrent Rent	
	StZipReason for Moving				
			Date Moved In & Moved Out		
Previous Address					
	St ZipReason for Moving				
Previous Landlord					
	CRED	IT REFEREN	CES		
Credit Reference		Balance	Monthly P	ayment	
Credit Reference	Balance		Monthly Payment		
Credit Reference		Balance	Monthly P	ayment	
0	THERS WHO W	LL OCCUPY	THE PREMISES		
Name			Relation	Age	
Name			Relation	Age	
Name			Relation	Age	
Do you have any pets? If so, Specify:		Weight _			

OTHER INFOR	MATION
Auto make Yr Tag # Auto	o make Yr Tag #
Do you own a motorcycle, boat, trailer, or camper?	
In case of emergency, notify:	
Address City	
How did you find out about our properties? ( )Sign ( )Newspaper ( ) $$	
What is your potential stay with us?	
Have you ever filed for bankruptcy?When	
Have you ever been evicted from a property?Why	
Have you ever willfully or intentionally refused to pay rent when due	
Have you ever been convicted of a crime?If yes, expl	ain:
Application For Include copy of: Pay Stub/Proof of Inco	
IF DELIVERING Application in person after hours, please place Required Information above, in mail slot in Front Door: Smith	
IF FAXING Application, please include Application and Copies 876-1225. Contact the Leasing Office at 919-876-5718 to pay Amastercard or Visa. Please indicate on your fax if you plan to the second contact of the second co	pplication Fee by credit card or debit card. We accept
IF MAILING Application, please mail Application, Application Smith Properties, 4616-A Kilcullen Dr., Raleigh NC 27604	Fee and Copies of Required Information above to:
I understand that the <i>application fee</i> is nonrefundable. I understand the <i>deposit</i> is nonrefundable upon receipt.	he deposit is due within 24 hours after application approval.
APPLICATION AUTHORIZATION T	TO RELEASE INFORMATION
I declare that the foregoing information is true and authorize verificate criminal or background search, etc. I understand that the information application. I hereby release employers, landlords and other organizate all liabilities arising out of the use of such information with the process.	n obtained is to be used in the processing of my residential ations or individuals that provide information from any and
PLEASE PRINT NAME AND SIGN BELOW	
Applicant Name (Please Print)	Date
Applicant Name (Please Sign)	Date
****	*****
Co-Applicant Name (Please Print)	Date
Co-Applicant Name (Please Sign)	Date