

Rental Credit Application

Date: _____
Property to be rented: _____
Agent Name _____

829 Gum Branch Road, Jacksonville, NC 28540
Office 910-455-2860 - Fax 910-455-0557 - Toll Free 888-819-7653

Applicant Name: _____
Social Security #: _____ Date of Birth: _____ Martial Status: _____
E-mail: _____ Phone: _____

Employer: _____
Address: _____
Please list your Company / Squadron / Battalion or Unit info.
Phone: _____
Job Title/ Rank _____
Length of Employment/ Enlistment _____
Gross Income _____
Weekly () Monthly () Yearly ()

Co-Applicant Name: _____
Social Security #: _____ Date of Birth: _____ Martial Status: _____
E-mail: _____ Phone: _____

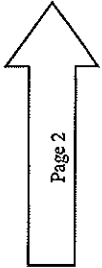
Employer: _____
Address: _____
Please list your Company / Squadron / Battalion or Unit info.
Phone: _____
Length of Employment/ Enlistment _____
Gross Income _____
Weekly () Monthly () Yearly ()

Current or Last Address
Street: _____
City: _____ State: _____ Zip Code: _____
Rent Per Month: _____ Years/Months _____ Landlord Name: _____

IN CASE OF EMERGENCY, list relative to contact (Name, Address, Phone number)

Price \$ _____ Ready: _____ Move In: _____ Approved: _____ w/ _____ By: _____

There will be a \$40.00 fee to do a credit check. We are a member of the Experian reporting system and want to make you aware that your credit references will be checked prior to you signing a lease. This fee will not be charged if you do not qualify or rent from another agency.



Permitted Occupant's Information

Occupant's Name: _____ Age: _____ Sex: _____
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Pet Information : Yes () No () Pet Fee Amount is per pet

Breed: _____ Weight: _____ Sex _____ Age _____ Neutered: yes () no ()
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I have/will have renters insurance YES () NO () Agent: _____

Please check the following questions yes or no.

1. Have you ever been evicted from any tenancy?
If yes please give date and address: _____
Yes () No ()
2. Have you ever willfully and intentionally refused to pay rent when due?
Yes () No ()
3. Do you know of anything which may interrupt income or ability to pay rent?
Yes () No ()
4. Are you or your spouse expected to leave this area in the next 12 months?
If yes please give date: _____
Yes () No ()

I do authorize and give my permission for CRI Properties, Inc. to verify or check any credit information inferred by the offering of this application.

I certify that I am of legal age and that the above information is correct to the best of my knowledge.

Applicant's signature: X _____ Date: _____

FOR OFFICE USE ONLY

Date: _____

Application Fee: _____ Date Paid: _____ Check : () Cash: ()

days _____ X _____ = _____ Date Paid: _____ C. Check _____ Cash _____ By: _____

Security Deposit: _____ Date Paid: _____ Cashier's Check: () Money Order () By: _____

Pet Deposit: \$150.00 X () = _____ C. Check: () Money Order () By: _____

Total Due: _____