



327 SOUTH GRACE STREET
ROCKY MOUNT, NC 27804

OFFICE: 252-977-1429
FAX: 252-454-0799

RENTAL APPLICATION

Date: _____

Properties Address: _____

Applicant Name: _____ Date of Birth: _____

Social Security #: _____ Driver's License #: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ Years at Address: _____

Phone #: (____) ____ - ____ Cell/Home Email Address: _____

Have you ever served in any branch of military service? Yes ___ No ___ If yes, how many years: _____

Are you currently active duty? _____

Have you or any co-applicant or proposed occupant ever been convicted of a felony or misdemeanor?

Yes ___ No ___ If yes, details: _____

Do you have any criminal charges pending, awaiting disposition, or looming in any way?

Yes ___ No ___ If yes, details: _____

RENTAL HISTORY

Previous Rental Property Address / Apartment Community: _____

Reason for Moving: _____

Management Company: _____ Management Company #: (____) ____ - _____

Was a 30-day notice given? Yes ___ No ___

Have you ever been evicted? Yes ___ No ___ If yes, details: _____



327 SOUTH GRACE STREET
 ROCKY MOUNT, NC 27804

OFFICE: 252-977-1429
 FAX: 252-454-0799

EMPLOYMENT INFORMATION

Employment Status: Employed _____ Unemployed: _____

Current Employer: _____ Employed Since: ____/____/____

Job Title: _____ Monthly Income: _____ Hourly Pay \$_____

Previous Employment Information:

(1) Employer: _____ Job Title: _____ Monthly Income: \$_____

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

Any Other Source of Income (Child Support, SSI, Food Stamps, Etc.)

Pet Information: * All of Our Properties Do Not Allow Pets. Please Be Sure to Check

Pet Type	Weight (lbs.)	Age	Color	Breed	Name	Gender	Spayed/Neutered

Please Initial here: If you do not have any pets _____ If you have a service pet _____

Vehicle Information:

Make	Model	Year	Color	License	State



327 SOUTH GRACE STREET
ROCKY MOUNT, NC 27804

OFFICE: 252-977-1429
FAX: 252-454-0799

CO-APPLICANT INFORMATION

Co-Applicant Name: _____ Date of Birth: _____

Social Security #: _____ Driver's License #: _____

Co-Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ Years at Address: _____

Phone #: (____) ____ - ____ Cell/Home Email Address: _____

Have you ever served in any branch of military service? Yes ___ No ___ If yes, how many years: _____

Are you currently active duty? _____

Employment Status: Employed _____ Unemployed: _____

Current Employer: _____ Employed Since: ____/____/____

Job Title: _____ Monthly Income: _____ Hourly Pay \$ _____

Previous Employment Information:

(1) Employer: _____ Job Title: _____ Monthly Income: \$ _____

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

Any Other Source of Income (Child Support, SSI, Food Stamps, Etc.) _____

CO-APPLICANT RENTAL HISTORY

Previous Rental Property Address / Apartment Community: _____

Reason for Moving: _____

Management Company: _____ Management Company #: (____) ____ - _____

Was a 30-day notice given? Yes ___ No ___

Have you ever been evicted? Yes ___ No ___ If yes, details: _____



327 SOUTH GRACE STREET
ROCKY MOUNT, NC 27804

OFFICE: 252-977-1429
FAX: 252-454-0799

CO-APPLICANT (2) INFORMATION

Co-Applicant Name: _____ Date of Birth: _____

Social Security #: _____ Driver's License #: _____

Co-Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ Years at Address: _____

Phone #: (____) ____ - ____ Cell/Home Email Address: _____

Have you ever served in any branch of military service? Yes ___ No ___ If yes, how many years: _____

Are you currently active duty? _____

Employment Status: Employed _____ Unemployed: _____

Current Employer: _____ Employed Since: ____/____/____

Job Title: _____ Monthly Income: _____ Hourly Pay \$ _____

Previous Employment Information:

(1) Employer: _____ Job Title: _____ Monthly Income: \$ _____

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

Any Other Source of Income (Child Support, SSI, Food Stamps, Etc.) _____

CO-APPLICANT RENTAL HISTORY

Previous Rental Property Address / Apartment Community: _____

Reason for Moving: _____

Management Company: _____ Management Company #: (____) ____ - _____

Was a 30-day notice given? Yes ___ No ___

Have you ever been evicted? Yes ___ No ___ If yes, details: _____



327 SOUTH GRACE STREET
ROCKY MOUNT, NC 27804

OFFICE: 252-977-1429
FAX: 252-454-0799

RENTAL POLICIES

- **Application Fees** are \$45.00 per applicant. All application fees are non-refundable. If a **criminal report** is required there will be an additional charge of \$20.00 per applicant.

Please Initial Below:

- ____ I understand that once my application fee has been paid, the fee is NON-REFUNDABLE. I am aware that there may be more than one application on the property that I am applying for, and if approved I may select another property that I may select another qualifying property.
- Please provide a valid government or picture ID and Social Security Card when submitting your application.
- **Proof of Employment** – 2 months with a minimum of 6 paystubs or an SSI/SSA awards letter.
- Income must be Three **times** the rental rate.
- If you have a personal/private owner landlord reference. The following must be provided. Money order receipts or cancelled checks. Failure to present proof may result in a higher security deposit or application denial.

____ NO QUALIFIED PERSON WILL BE DENIED HOUSING OR OTHERWISE DISCOURAGED FROM OBTAINING HOUSING ON THE BASIS OF RACE, COLOR, RELIGION (CREED), GENDER, GENDER EXPRESSION, AGE, NATIONAL ORIGIN (ANCESTRY), DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, OR MILITARY STATUS, IN ANY OF ITS ACTIVITIES OR OPERATIONS.

____ THE AGENT SHALL CONDUCT ALL BROKERAGE ACTIVITIES IN REGARD TO THIS AGREEMENT WITHOUT RESPECT TO THE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS OF ANY PARTY OR PROSPECTIVE PARTY. FURTHER, REALTORS® HAVE AN ETHICAL DUTY TO CONDUCT SUCH ACTIVITIES WITHOUT RESPECT TO THE SEXUAL ORIENTATION OR GENDER IDENTITY OF ANY PARTY OR PROSPECTIVE PARTY.

***APPLICATION WILL NOT BE PROCESS UNTIL ALL OF THE REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.**

***IF APPROVED YOU ARE REQUIRED TO PROVIDE PROOF OF RENTERS INSURANCE BEFORE THE SIGNING OF THE LEASE WILL BE SCHEDULED.**



327 SOUTH GRACE STREET
 ROCKY MOUNT, NC 27804

OFFICE: 252-977-1429
 FAX: 252-454-0799

***PLEASE ALLOW UP TO 72 HOURS FOR THE PROCESSING OF APPLICATIONS. ONCE AN APPLICATION HAS BEEN APPROVED, YOU WILL BE CONTACTED BE THE OFFICE TO DISCUSS THE NEXT STEP IN THE PROCESS, AS WELL AS LEASE SCHEDULING DATES.**

*** AFTER THE LEASE SIGNING YOU MUST PROVIDE PROOF OF UTILITIES BEFORE KEYS TO THE PROPERTY WILL BE RELEASED.**

***BY SUBMITTING THIS APPLICATION, I AM GIVING COOPER & ASSOCIATES RESVC, INC. AND/OR MY LANDLORD AUTHERIZATION TO RUN A CREDIT AND/OR CRIMAINAL BACKGROUND CHECK. THIS INCLUDES REFERENCES FROM CURRENT AND /OR PAST LANDLORDS.**

 Applicant Signature

 Date

 Co-Applicant Signature

 Date

 Co-Applicant (2) Signature

 Date

List Occupants Here

1.	_____	Age _____
2.	_____	Age _____
3.	_____	Age _____
4.	_____	Age _____
5.	_____	Age _____

List two emergency contacts that do not live in the home.

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____