

1001 North Lumina Avenue P.O. Box 899 Wrightsville Beach NC 28480 (910) 256-3764 – Fax (910) 256-2633

STUDENT RENTAL APPLICATION

OFFICE USE ONLY:

| New LesseeTrai | nsfer | Fee: \$65.00 | CASH | CHECK# | Photo I.D | _ Pet photo |
|--|---------------|--------------|------|-----------------|------------|-------------|
| Not Approved on | | Reason | | | | |
| Pending on | _// | Reason | | | | |
| Approved on | | Terms: | | | | |
| Reviewed by: NOTES: | | | | | | |
| | | | | | | |
| PLEASE TELL | US ABOUT | YOURS | ELF | | | |
| FULL NAME | | | | PHONE: (_ |) | |
| Social Security No. | | | | Date of Birth _ | | |
| | | | | | | · |
| Name of Co-Applicant(s)/Roommate(s) | | | | | | |
| Names of Dependents and Ages (excluding Co-Applicant) | | | | | | |
| Other Occupants and Their Relationships | | | | | | |
| Pets (Number, Kind, Age, and Weight) | | | | | | |
| *ATTACH PET PHOTO* | | | | | | |
| YOUR DRIVER'S LICE | NSE NUMBER | | | | STATE | |
| YOUR VEHICLES | Make/M | odel | | Year | Tag Number | |
| HAVE YOU EVER: File | ed for bankru | ptcy? | | | Yes | No |
| Been evicted from tenancy? | | | | | Yes _ | No |
| Willfully or intentionally refused to pay rent when due? Filed suit against a landlord? | | | | | Yes Yes | No No |
| Been convicted of a crime? | | | | Yes | No | |
| Please give any additional information that might help management evaluate this application: | | | | | | |
| | | | | | | |
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| (Please include City, State, Zip) Month & Year Moved In Reason for Leaving Owner or Agent PREVIOUS ADDRESS RENT \$ (Please include City, State, Zip) Month & Year Moved In Reason for Leaving Owner or Agent Phone () Moved Out Reason for Leaving Owner or Agent Phone () Bryant Website Other Online Source Friend Sign/Driving by Current Resident with us; Address: Other Other Other PLEASE GIVE US YOUR EMPLOYMENT INFORMATION STATUS: Employed Full-time Employed Part-time Student Unemployed EMPLOYER: Current: Salary \$ per Address: Phone () Date(s) Employed: Position: Supervisor's Phone () If employed less than 6 months, give name and address of Previous Employer: If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application. Amount \$ Source PLEASE GIVE US YOUR EMERGENCY CONTACT INFORMATION Nearest Relative Not Living With You Relationship Address Phone () Acknowledgement of Terms and Conditions of Application I hereby apply to lease the above described premises for the term and upon the conditions to be set forth and garee that the rental is to be payable the first day of each month in advance. I agree to pay with this policiation of the provide a guarantor of my lease if required by management. Lease Guarantor will be equired of all applicants who meet the following criteria: first time renter, insufficient credit history. I lagree to provide a guarantor of my lease if required by management. Lease Guarantor will be equired of all applicants who meet the following criteria: first time renter, insufficient credit history. In credit the sort of the provide of the provides of the pr | PLEASE GIVE US YOUR RESIDENCE HISTOR | RY FOR THE PAST 3 YEARS |
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| | The above information, to the best of my knowledge, is tre | ue and correct. |
| Signature of Applicant Date Signed | Signature of Applicant | Date Signed |

| Guaranty of L | essee's Obligations |
|--|---|
| obligations contained in any lease agreement exe above, and all renewals thereof, and any transfer application. This guaranty includes but is not lim damages to premises, and breach of lease. It is | (Print name of applicant) ecuted in conjunction with the application submitted or or new lease not requiring submission of new lited to all financial responsibility for rent payments, understood that my signature as guarantor grants on provided will be used only for the purposes of this |
| Printed name of Guarantor | Social Security Number |
| Relationship to Applicant | Birthdate |
| Address | (H)(W) Phone Numbers |
| City, State, Zip Code | Email Address |
| Employer | |
| | (SEAL) |
| Signature of Guarantor | Date |
| aforesaid, do hereby certify that the person(s) at | , a Notary Public in and for the state and county pove named, nowledged the execution of the foregoing instrument. |
| Witness my hand and seal this day of | f, 20 |
| Notary F | Public/My Commission Expires |