

RENTAL MANAGEMENT COMPANY
PO BOX 11056 FAYETTEVILLE NC 28303-2799 (910) 868-1040

RENTAL APPLICATION

Property to Rent (Address): _____ Rent \$ _____
How Long Do You Plan On Renting? _____

Full Name: _____ Date of Birth: _____
SSN: _____ Telephone #: _____
E-Mail Address: _____ Cell # _____
Driver's License #: _____ State: _____ License Plate #: _____ State: _____

Spouse's Name: _____ Date of Birth: _____
SSN: _____ Telephone #: _____
E-Mail Address: _____ Cell # _____
Driver's License #: _____ State: _____ License Plate #: _____ State: _____

Children (Name & Age): _____

Pets (Type & How Many): _____

Present Address: _____
Street City State Zip

Landlord's Name: _____ Telephone #: _____
Monthly Rent: _____ Reason for Leaving: _____

Previous Address: _____
Street City State Zip

EMPLOYMENT

MILITARY: Branch of Service: _____ Stationed: _____
Unit assigned to: _____ Unit Phone: _____
Rank: _____ Years in Service: _____ Current ETS Date: _____
Base Pay: _____ BAH: _____ FSH: _____
Jump Pay: _____ BAS: _____ Other: _____
Number of Dependants for Tax Purposes: _____
Monthly Gross Income: _____

CIVILIAN: Employer: _____ Position: _____
Employer's Address: _____
How Long Have You Been Employed? _____ Work Phone: _____
Monthly Gross Income: _____

CIVILIAN/Spouse: Employer: _____ Position: _____
Employer's Address: _____
How Long Have You Been Employed? _____ Work Phone: _____
Monthly Gross Income: _____

Name of Bank: _____ Branch: _____
Bank Address: _____
Street City State Zip

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____
Address: _____
Street City State Zip
Telephone #: _____ Cell # _____

I, Hereby give Rental Management Co., permission to check my credit references. Rental Management Co., has the right to void my contract within 48-hour period if my credit rating so justifies.

Signature: _____ Date: _____

Signature: _____ Date: _____

