



ADCOCK RENTAL MANAGEMENT, INC.
1111 S. HORNER BOULEVARD, SANFORD, NORTH CAROLINA 27330

(919) 774-6046 • FAX (919) 776-2344

www.adcockrentalsnc.com

residential rental application

TO THE APPLICANT: We sincerely thank you for your application. Please help us promptly process this application by providing **ALL** of the requested information. We suggest you preview properties, from the exterior, to decide which one(s) you may be interested in. We will schedule an appointment to view the interior **AFTER** the application is **completed and approved**.

Date of Application _____ Desired Move-in Date _____

Move-in Date is the date your rents begin. You will sign a lease and pay the full required security deposit and rent prior to this move-in date. Lease signing can NOT take place more than 2 weeks before move-in date.

Lease signing and deposit payment take place at the same time.

Address of Property you are interested in _____

No more than 2 persons per bedroom. This number includes infants and children in the household.

TO COMPLETE YOUR APPLICATION, PROVIDE THE FOLLOWING

FOR EVERYONE 18 AND OLDER:

- | | |
|---|---|
| 1) Photo ID - Drivers License | 4) Rental Reference |
| 2) Social Security Card | 5) Full Criminal Report - as far back as records reflect |
| 3) Verification of Income - Pay Stub | from Clerk of Court of current or prior county of residence (must have lived there at least 6 months) |

A \$40.00 non-refundable application fee is required.

PERSONAL INFORMATION

Applicant's Full Name _____ Social Security No. _____
Date of Birth _____ Marital Status _____

OTHER RESIDENTS	AGE	RELATIONSHIP	SOCIAL SECURITY NO.

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE,

COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN.

APPLICANT INFORMATION

NAME you are called _____ E-MAIL ADDRESS _____

TELEPHONE # _____ CELL PHONE # _____

PRESENT ADDRESS _____ CITY _____ ST _____ ZIP _____ COUNTY _____

Name of landlord or person you live with/own _____ Time at Present Address _____

Amount of Rent \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____ CITY _____ ST _____ ZIP _____ COUNTY _____

Name of landlord or person you live with/own _____ Time at Previous Address _____

Amount of Rent \$ _____ Reason for Moving _____

PRESENT EMPLOYER _____

Address of Employer _____ CITY _____ ST _____ ZIP _____

Telephone # _____ Length of Employment _____

Position Held _____ Department _____

Supervisor _____ Present Income \$ _____ Per _____

DRIVERS LICENSE # _____ STATE _____

NAME OF EMERGENCY CONTACT _____ RELATIONSHIP _____
(NOT LISTED ON APPLICATION)

ADDRESS OF CONTACT _____ CITY _____ ST _____ ZIP _____

TELEPHONE #'S _____

Are you a full time student? _____ Yes _____ No _____ Are you a part time student? _____ Yes _____ No _____

If Student, List School _____

Address of School _____

Grade Level _____ Expected Date of Graduation _____

HOUSEHOLD INFORMATION

DO YOU HAVE PETS? _____ If yes, list Breed _____

A \$150.00 - \$300.00 NON-REFUNDABLE PET FEE IS REQUIRED

NUMBER OF VEHICLES _____

Make/Model _____ Year _____ Color _____

Tag No _____ State _____

Make/Model _____ Year _____ Color _____

Tag No _____ State _____

Make/Model _____ Year _____ Color _____

Tag No _____ State _____

CO-APPLICANT INFORMATION

NAME you are called _____ E-MAIL ADDRESS _____

TELEPHONE # _____ CELL PHONE # _____

PRESENT ADDRESS _____ CITY _____ ST _____ ZIP _____ COUNTY _____

Name of landlord or person you live with/own _____ Time at Present Address _____

Amount of Rent \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____ CITY _____ ST _____ ZIP _____ COUNTY _____

Name of landlord or person you live with/own _____ Time at Previous Address _____

Amount of Rent \$ _____ Reason for Moving _____

PRESENT EMPLOYER _____

Address of Employer _____ CITY _____ ST _____ ZIP _____

Telephone # _____ Length of Employment _____

Position Held _____ Department _____

Supervisor _____ Present Income \$ _____ Per _____

DRIVERS LICENSE # _____ STATE _____

NAME OF EMERGENCY CONTACT _____ RELATIONSHIP _____
(NOT LISTED ON APPLICATION)

ADDRESS OF CONTACT _____ CITY _____ ST _____ ZIP _____

TELEPHONE #'S _____

Are you a full time student? _____ Yes _____ No Are you a part time student? _____ Yes _____ No

If Student, List School _____

Address of School _____

Grade Level _____ Expected Date of Graduation _____

How did you hear about our company? _____

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed. In signing this application, you are certifying this housing to be your sole/permanent residence.

Signed _____ Date _____

Signed _____ Date _____

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MANAGEMENT SECTION

DL _____ SS _____ EMP _____ CRIMINAL _____ RENTAL _____ CREDIT _____ APPLICATION FEE _____

SPECIAL CONSIDERATIONS: _____

APPROVED DENIED

SECURITY DEPOSIT _____ DATE _____

APPROVED BY _____



ADCOCK RENTAL MANAGEMENT, INC.

P. O. Box 3367 Sanford, NC 27331
Office: 919-774-6046 Fax: 919-776-2344
Email: rentals@adcocknc.com
Website: www.adcockrentalsnc.com



Name: _____

Address: _____

Current or former tenant: _____

I hereby authorize release of this information: _____
Date _____

To be completed by current or former landlord.

The above person(s) has applied with our company for housing. We would appreciate it if you would answer a few questions concerning their rental history.

Thank you for your help! Please fax or mail this back ASAP!

1-What dates did the resident live there? _____

2-How much is the monthly rent? _____

3-Number of late payments? _____

4-Number of returned checks? _____

5-Did the resident give proper notice? _____ When? _____

6-When does the lease end? _____

7-How many people were on the lease? _____

8-How many lived at the property? _____

9-Were there any lease violations? _____ If yes, what type and how many...please describe. _____

Explain any unpaid charges on this account: _____

10-Has there ever been any evidence of bed bugs during this tenancy? _____

Signature of person supplying information _____ Date _____
Contact number, telephone or cell: _____