

RESIDENTIAL RENTAL APPLICATION

Landlord

Landlord Name: Mashburn Properties II, LLC
Address: 29 N. Market Street #403, Asheville, NC 28801
Phone: 252-515-0363

Rental Property Information

Rental Property Address:

Anticipated Possession Date:

The monthly rent will be \$250.00.
The initial security deposit will be \$250.00.

Applicants' Personal Information

Applicant's Name:

Home Phone: () Alternative Phone: ()

Email Address: Date of Birth:

Applicant's Social Security Number:

Second Applicant's Name:

Second Applicant's Date of Birth:

Second Applicant's Social Security Number:

Third Applicant's Name:

Third Applicant's Date of Birth:

Third Applicant's Social Security Number:

Name(s) of dependant(s) or other occupants:

Date(s) of Birth

Do you have a pet? Yes / No If more than one, how many? _____

Please describe type(s) of pet(s):

Residential History

Present Address:

City: _____ State: _____

ZIP Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: () _____

Previous Address 1:

City: _____ State: _____

ZIP Code: _____ How long at this address? _____

Landlord / Lessor: _____ Phone: () _____

Previous Address 2:

City:

State:

ZIP Code:

How long at this address?

Landlord / Lessor:

Phone: ()

Details of Employment

Employer:

Position:

Date Hired:

Supervisor's Name:

Phone: ()

Salary:

(If employed less than one year with present employer, please provide previous employer.)

Previous Employer:

Position:

Date Hired:

Supervisor's Name:

Phone: ()

Salary:

Other Sources of Income

Do you receive income from any of the following sources? Yes / No

Pension Benefits _____ Social Assistance _____ Other _____

Please provide contact persons who could verify the amount of income you receive:

Vehicle Information

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Make / Model: _____ Year: _____

License Plate Number: _____ Driver's License Number: _____

Boat storage required? Yes / No Covered/Uncovered? Yes / No (Subject to availability)

Banking Information

Banking Institution: _____

Address: _____

Phone: ()

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____

Address: _____

Phone: ()

References

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Emergency Contact

Name:

Relationship:

Phone: ()

Criminal & Credit Background Check Authorization

Is there anything negative that we may find in our criminal or credit background check that you want to comment on?

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to: (a) contact my references and all other persons that I have named in this application; and (b) perform a credit and/or criminal check to assess my suitability as a tenant/lessee.

Applicant's Signature _____ Date _____