RENTAL APPLICATION

If applicants are a Where did you hear about	married, then fill out								
Google,AHRN, _									
Real Estate Agent,									
❖ Did a NC Real F	Estate Agent show	the property	to you	Yes _	No.	If yes, then	n attach tł	ne Agent's l	ousiness card.
Phone Number(s) You									
Address Of Property Ap	pplying For:								
I have viewed the inside	e of this home			Initial:	s of all p	arties	· • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
			ONAL INF						
Applicant:					SSN.			DOB:	
Applicant: Last		First		MI	_ 5511			DOD	
Drivers License #		State		1	Email A	drace			
Differs License #		State			Liliali A	iuiess			
Co-Applicant:					_ SSN:_			DOB:_	
Last		First		MI					
Drivers License #		State:		E	Email Ad	dress:			
*********	*********	*******	******	******	******	*****	******	*****	******
		PR.	EVIOUS A	DDRES	SSES				
A1:		(past 3	years renting, bu	uying, fan	nily, etc.)				
Applicant :									
Most Current Address	s:								
Length Of Stay: From_			Ci Check One: F		Bı	State		Zip	
				_				-	
Landlord's Name:				_ Land	lord's Ph	one #()		_
Applicant :									
Previous Address:									
	Street Address			ty		State		Zip	
Length Of Stay: From_	To_		Check One: I	Renting_	Bı	ıying	Current Re	nt or Pymt: \$_	
Landlord's Name:				_ Land	lord's Ph	one #()		
Applicant :									
Applicant.									
Previous Address:									
Length Of Stay: From_	Street Address To	C	Cit heck One: Re	y enting	Rus	State		Zip	
Landlord's Name:				_ Land	lord's Ph	one #()		_
*******									*******
Have You Ever Been C	convicted of a Felony	?							_
Have You Ever Filed S									
Do You Have A Water									
Have You Ever Been C									
Date You Would Like I How Long Do You Plan									
How Long Do You Exp									
Are You A Smoker?									
If Military, Have You A	Applied For On-Base	Housing:	(BASE F	<u>IOUS</u> IN	G DOES NO	<u>OT BRE</u> AK	A LEASE)	
**Military And New To	The Area, Please A								
Nearest Relative NOT I	Living With You:					Relatio	nship:		

Address:		Phone I	<u> </u>)		
Street Address	City State	Zip				
************	**************************************		******	*********		
	EWII LOTWI	<u> ENT</u>				
Applicant	5 11 5 1		_	_		
Employer;						
		Phone Number: ETS Date				
Monthly Income (After Taxes)				Date		
•	1 w 2 w 3.					
<u>Co-Applicant</u>	5 11 5 1		_	_		
Employer;	Position/Rank: _	Dhana Numba	From	To		
Supervisor/Commander:	First Sat	Phone Number: ETS Dat				
Monthly Income (After Taxes)				Date		
Miscellaneous Income:	1 uy Duys					
Check One: Applicant Co	- Applicant	Monthly Inco	me After Ta	nxes: \$		
Explain:						
*For Child Support to count as income it n	nust be court ordered					
	GENERAL INFO	RMATION				
	GEREIGIE II (I O	<u> </u>				
Total Number Of People To Be Living In This						
Please note that	t only the people listed below wi	ll be allowed to reside	? in this proper	rty		
Name:	Age:	Relat	ionship:			
Name:	Δ σε·	Relat	ionshin:			
	_		_			
Name:	Age:	Relat	ionship:			
Name:	Age:	Relat	ionship:			
Name:	Age:	Relat	ionship:			
Name:	Age:	Relat	cionship:			
Name:	Δ σε·	Relat	ionshin:			
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***************	************************	lik sake sake sake sake sake sake sake sak	s ple	*******		
	PET INFORMATI	<u>ON</u>		T		
Do You Have Any Pets: Yes No If yes,	How Many: Dog(s) Cat(s	s) Other(s)	Total Pets: _	For Aaims Use Only:		
Is / Are The Pet(s) Ever Allowed Inside The Ho	ouse? Yes No			Owner Approved		
	110			Yes No Date		
If Dog Or Other, What Breed		_ Weight	Height	· <u>·</u>		
If Cat Has Ha/Cha Dasa No ton 1 Oc C 19	W., N., A., 111 11	-/Ch - D D 1	10 V	PM initial		
If Cat, Has He/She Been Neutered Or Spayed? If any pet is found on the premises without w						
and pay to Landlord a fine in the amount of						
If you want a pet, get written permission first a				per 11 02m ene preminen		

REPAIRS NEEDED

Having seen the property at the address stated above, I would like to submit this list of any minor repairs / improvements that I would like to have done. I understand that these repairs/improvements are subject to the approval of the property of submitting this list guarantee that Aaims will have or promise to have these completed. I also understand that if these items are not completed I will be taking the property as is and the only repairs to be done are those required by North Carolina law (N.C.G.S.42-42), to maintain the property in a safe, fit and habitable condition. List repairs / improvements, if any:	For Aaims Use Only: Owner Approved Yes No Date PM initial
**************************************	und check, and to h any means and to tion to Aaims. I tenancy to other
I understand that there is a non-refundable fee for processing this rental application, which must be paid in cash, money or (NO PERSONAL CHECKS). I further understand that if a lease has been executed in the above specified property that A Management, Inc. has the right to cancel the attached lease within two business days if my references so justify or if any fagiven. I understand that if I have not signed a lease on this property and paid the FULL SECURITY DEPOSIT BY, MON CERTIFIED FUNDS (personal checks & cash are not allowed) that this property will stay available to others on a first country of the property and paid that this application has been accepted I understand that this property will stay available to others until a lease policant and co-applicant and the FULL SECURITY DEPOSIT HAS BEEN PAID BY, MONEY ORDER OR CERTIFIED	aims Property alse information is NEY ORDER OR me basis. ease is signed by both
I UNDERSTAND THAT AAIMS PROPERTY MANAGEMENT INC. IS AN AGENT OF THE OV	VNER
Applicant's Signature: Date:	
Co-Applicant's Signature: Date:	
**************************************	*******
Date Time Completed Application ReceivedGive To Marketing From Applicant(s) Date Time Initials Marketing Gave Completed Application To Property Manager Date Time Initials Property Manager Gave Application Back To Marketing	
APPLICATION APPROVED:YesNo IF APPROVED, AMOUNT OF SECURITY DEPOSIT REQUIRED FOR THE PROVED DATE LEASE TO COMMENCE: IF DENIED, THEN REASON:	RED \$
APPLICANT INFORMED: YesNo DATE: TIME: Total Processing Time COMMENTS:	