

Laney Real Estate Co. – Rental Application **\$40.00** per person

803-G S. College Rd. Wilmington, NC 28403 – Tel: 910-332-4404 or 910-332-4414 / Fax: 256-0532

Property Address: **Rent \$:**.....

Anticipated Move in Date:.....

Applicant Information

Full Name:		Drivers License# & State :	
Date of birth:	SSN:	Phone (home):	
Current address:		Phone (cell):	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Landlord:		Tel #	
Previous address		Zip code	
Landlord	Dates	Tel #	

Employment Information

Current employer:			
Employer address:			How long?
Phone:	Contact:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Monthly income:	
IF LESS THAN 12 MONTHS	Previous Employer:	Tel #	
Additional Source of Income:		Amount: \$	

Emergency Contact

Name of a person not residing with you:	
Relationship:	Telephone:

Children / Room mates

Name:	Date of birth:	Phone:
Employer:	Income:	Phone:
Name:	Date of birth:	Phone:
Employer:	Income:	Phone:
Name:	Date of birth:	Phone:
Employer:	Income:	Phone:
Name:	Date of birth:	Phone:
Employer:	Income:	Phone:

Vehicle Information

Make:	Model:	Tag:
Make:	Model:	Tag:

PETS: MINIMUM \$250.00 NON REFUNDABLE PET FEE PER PET **NO EXCEPTIONS**

BREED	AGE	SIZE

I authorize the verification of the information provided on this form as to my credit, criminal, eviction and employment. Should any statement made above be a misrepresentation or not a true statement of facts, I understand my application will be denied

Signature of applicant:	Date:
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AUTHORIZATION

Release of Information

Verification of Previous Rental History

I, _____, have applied for credit with Laney Real Estate Co. and have you listed as our/prior landlord. I have been requested to provide information concerning my credit history. Therefore, I authorize the investigation of my credit information.

Your release of my credit information is authorized whether such information is of record or not. I release you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information.

This authorization is valid for (30) thirty days from the date of my signature below.

Thank you in advance for your cooperation.

Signature _____ Date: _____

Current Address: _____

Previous Address: _____

Telephone - Day: _____ Evening: _____

OFFICE USE ONLY

Lease Dates: _____ Current Rent \$ _____

Late Pays # _____ # of NSF's _____ Court filings # _____

Pets? _____ Type _____

Lease Violations: _____

Notice Given? _____ Number of occupants: _____