La Paz Rentals

Rental Application

9903 PRECIOUS STONE DR. WAKE FOREST, N.C. 27587 Cell 919-408-1154 Fax (919) 562-8800

APPLICATION FEES BY MONEY ORDER TO:

Carol Saavedra

ONE APPLICANT (SINGLE) \$75.00 ONE MARRIED COUPLE \$95.00

The undersigned hereby makes application of this date

To rent the unit type

located at

Lease beginning on date

at the monthly rate of

	- YOUR APPLICATION	ON <u>WILL NOT BE PROCESSE</u>	D WITHOUT COMPLETE		
INFORMATION	anavan				
PLEASE TELL US ABOUT YO	<u>DURSELF</u>	SPOUSE INFORMATION	(MARRIED COUPLE)		
		FULL NAME			
DATE OF BIRTH		DATE OF BIRTH_			
DRIVER'S LICENSE NO:	STATE:	DRIVER'S LICENSE NO	STATE		
SOCIAL SECURITY NO:		SOCIAL SECURITY NO.			
PHONE ()		NUMBER OF DEPENDENTS	S (excluding Spouse)		
PLEASE PROVIDE YOUR RE	SISDENCE HISTOR	RY FOR THE PAST 6 YEARS.	ADDITIONAL SPACE ON BACK PAGE		
CURRENT ADDRESS					
CORRENT ADDRESS		PREVIOUS ADDRESS			
CITY					
CITY STATE ZIF)	CITY			
MONTH & YEAR MOVED IN		STATE	ZIP		
OWNER/LANDLORD		STATE ZIP MONTH & YEAR MOVED IN			
PHONE		OWNER/LANDLORD			
		PHONE			
EMPLOYMENT INFO: ATT	ACH A COPY OF A	CURRENT PAY STUB OR M	ILITARY LES.		
YOUR STATUS: Full 7	<u>Fime</u> Part Time	Student	Retired		
EMPLOYER		ADDRESS			
DATES EMPLOYED		POSITION			
SUPERVISOR		MILITARY UNIT			
SUPERVISOR PHONE		MILITARY UNIT1 ST SGT:	TEL:		
	S PER WEEK	MILITARY UNIT 1 ST SGT: LT.	TEL: TEL:		
PHONESALARY <u>\$PERXHR</u>		1 ST SGT:	TEL:TEL:		
PHONE		1 ST SGT:	TEL:TEL:		
PHONESALARY <u>\$PERXHR</u>		1 ST SGT:	TEL:TEL:		
PHONE	months, give name and	LT. contact information of previous	TEL: TEL: employer or school attended.		
PHONESALARY <u>\$PERXHR</u>	months, give name and	LT. contact information of previous	TEL: TEL: employer or school attended.		
PHONE SALARY \$ _PERXHR If employed by above less than 6 If there other sources of income y	months, give name and	LT. LT. d contact information of previous	TEL: TEL: employer or school attended.		
PHONE	months, give name and	LT. LT. d contact information of previous	TEL: TEL: employer or school attended.		
PHONE SALARY \$ _PERXHR If employed by above less than 6 If there other sources of income y	months, give name and	LT. LT. d contact information of previous	TEL: TEL: employer or school attended.		
PHONE SALARY \$ _PERXHR If employed by above less than 6 If there other sources of income y AMOUNT\$SOURCE	months, give name and	LT. LT. d contact information of previous	TEL: TEL: employer or school attended.		

E-MAIL ADDRESS		nto di infontati pi per la producci di conscioni altrani							
PLEASE LIST YOUR BAN	NK AND CREDIT RE	EFERENCES							
CREDIT REFERENCES	CITY/STATE	TYPE OF ACCOUN	T REFERENCE NUMBER						
PLEASE TELL US WHAT VEHICLES WILL BE AT THE APARTMENT.									
MAKE & MODEL	YEAR	TAG#	STATE						
If pets are permitted, please answer the following:									
Type:	Breed:	Weight:	Neutered:						
NAMES AND AGES OF A	LL WHO WILL OCC	CUPY THIS DWELLING (C	HILDREN, ROOM MATES, ETC)						
HAVE YOU EVER:									
	or Bankruptcy?		YES						
	Evicted From Tenancy?		YES						
	Ily refused to pay rent? onvicted of a felony		YES YES						
		nd phone numbers in case of							
Please list phone numbers wh DAY PHONE (S) NIGHT PHONE (S)	ere we can reach you is	f management has any question	ns concerning your application.						
			set the ARRAN REALTY'S cost, time						
and effort in processing my application. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared TO INCLUDE CREDIT, CRIMINAL RECORDS, RENTAL HISTORY									
			ers with whom I may be acquainted.						
		· o	sonal characteristics, and mode of livin						
The above information is true	and correct to the best	of my knowledge.							
SIGNATURE OF APPLICAN	NT		DATE						
SIGNATURE OF SPOUSE (i	DATE								
PI	LEASE DO NOT WRITE B	ELOW THIS LINE. FOR OFFICE	USE ONLY.						
THIS APPLICATION FORM	I RECEIVED BY		DATE						
COMMENTS:									
THIS APPLICATION: APP	PROVED NOT AP	PPROVED BY							

DATE

APPLICANT NOTIFIED BY

Arran Realty, Inc.

6541 Raeford Road Fayetteville, NC 28304 (910) 864-1082 Fax (910) 864-9529

Rental History Verification Processing Authorization

I recognize that as part of your procedure for processing my application, an investigative Rental History inquiry will be performed. I give my permission to Arran Realty, Inc. to contact any persons that knows any information as to my character, general reputation, personal characteristics, and mode of living.

SI	GN	ATI	IRE	OF	APPI	ICA	NT
01	UIV.	ΔI			Δ III		LIVI

DATE

SIGNATURE OF SPOUSE (if applicable)

DATE

APPLICATION CHECK LIST

- All information filled out legibly and completely
- Copy of I.D.
- Copy of Social Security Card
- Copy of One Month's Pay Stubs or Military LES
- Money order for application fee

Make sure all the papers are signed and filled out to include full middle names!
ADDITIONAL RENTAL HISTORY: