APPLICATION FOR RESIDENCY

University Manor Apartments/Pines Apartments

5309 US 421 S. Lillington, NC 27546 910-893-6047 Rental Office

Equal Housing Opportunity

\$40 APPLICATION FEE PER ADULT ____ Do you have a pet dog or cat? Y/N (Please make Check Payable to University Manor Apartments or Pines Apartments)

No Cash Accepted for Security Deposits or Rental payments

Date Application Submitted:			
Earliest date desired for start of lease Latest date needed			1 Bedroom 1 Bath 2 Bedroom 1 Bath 2 Bedroom 2 Bath
APPLICANT INFORMATION:			3 Bedroom 3 1/2 Bath Pine
Name Email Address	Date of Birth	Driver's License No.	Social Security No.
Vehicle Registration: Make/Model/Color		License Tag No	
Current Address:		Home Phone:	
		Cell Phone:	
Current Landlord Information:		Name of Landlord/Apart	ement Community
Dates of Residency:	_	-	
Rent Amount: Phone No.		Street Addres	SS
Contact Telephone Number for landlord ()		City, State, Zip Code	
CO-APPLICANT/ INFORMATION:			
Name	Date of Birth	Driver's License No.	Social Security No.
Vehicle Registration: Make/Model/Color			
License Tag No Emai	l Address		
Current Address			
Home Telephone Number			
Current Landlord Information:			
Dates of Residency:		Name of Landlord/Apartme	nt Community
		Street Address	
Rent Amount:Phone No		City State 7in Code	

LIST BELOW ANY OTHERS WHO WILL LIVE IN APARTMENT IF APPLICATION IS APPROVED.

Employment Information:							
Ap	plicant's Employer - Name and Address	Work Phone No.	Annual Salary				
Co- Applicant's Employer - Name and Address		Work Phone No.	Annual Salary				
Lis	List Any Other Income (Money from parents, etc.)						
FURNISH THE NAME, ADDRESS AND TELEPHONE NUMBER OF A RELATIVE WHOM WE MAY CONTACT IN CASE OF AN EMERGENCY. LIST ONE FOR BOTH THE APPLICANT AND THE CO-APPLICANT.							
Name & Address:		Phone Number					
Na:	me & Address:	Phone Number					
WE HAVE FOUR BASIC RULES FOR LIVING IN OUR APARTMENT COMMUNITY WHICH ARE LISTED BELOW. IF YOU FEEL THAT YOU WILL NOT BE ABLE TO COMPLY WITH THESE RULES, PLEASE DO NOT APPLY TO LIVE HERE.							
1.	1. YOU MUST PAY THE RENT BY THE FIRST DAY OF EACH MONTH. IF RENT IS NOT PAID BY THE CLOSE OF BUSINESS ON THE 5TH, THERE IS A \$20 LATE FEE. REPEATED LATE RENT PAYMENT IS A SERIOUS LEASE VIOLATION AND MAY RESULT IN YOUR BEING ASKED TO VACATE THE APARTMENT.						
2.	WE HAVE SMOKE-FREE UNITS. TENANTS MAY SMOKE OUTSIDE, AS LONG AS CIGARETTE BUTTS ARE DISPOSED OF IN AN ACCEPTABLE MANNER.						
3.	YOU ARE RESPONSIBLE FOR THE ACTIONS VISITORS WHILE THEY ARE IN YOUR APARDAMAGE THE APARTMENT OR DEFACE TH	RTMENT OR ON THE GROU	NDS. IF YOU OR THEY				
4.	DON'T DISTURB YOUR NEIGHBORS. THIS C FROM LOUD MUSIC TO HAVING VISITORS OF		*				

OUR RULE REGARDING DRUGS IS SIMPLE: GET CAUGHT USING/SELLING/BUYING DRUGS IN OUR APARTMENT COMMUNITY AND WE SPARE NO EXPENSE IN HAVING YOU EVICTED. NO SECOND CHANCES.

WE VALUE OUR APARTMENT COMMUNITY AND OUR RESIDENTS. WE WILL DO ALL WE CAN IN TERMS OF MAINTENANCE, HOUSEKEEPING, LANDSCAPING AND OTHER MUTUAL INTERESTS THAT WILL MAKE YOUR RESIDENCE HERE FEEL LIKE A HOME. WE LOOK FORWARD TO HAVING YOU AS A RESIDENT.

By signing this application, I understand that the managing agent will verify through a third party the information provided on this application, including but not limited to a credit check of past payment history, and a background criminal check. I also understand that as soon as the rental unit is ready for occupancy, I am obligated to begin paying rent on the unit. I further understand that after this application has been approved, if I want a specific unit held for me (us), that I must pay a deposit equal to one month's rent, which will be applied to my security deposit. If I cancel this application after I have requested that a specific unit be taken off the market, I realize that the deposit will be kept by the managing agent as non-fulfillment of our agreement.

Applicant

Co-Applicant

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Date Date