

Chambers Ridge Apartment Homes

Name:		Birth Date:		SS#:	
Spouse:		Birth Date:		SS#:	
Driver's License or ID#:			ID Address:		
Current Address:			Phone (H):		
City/State/Zip:			Phone (O):		
Email:			Phone (Other):		
Present Landlord/Mortgage:			Landlord Phone:		
Previous Address:			City/State/Zip:		
Previous Landlord/Mortgage:			Landlord Phone:		
Employer:		Phone:		Supervisor:	
Position:		Yrs/ Mos.		Monthly Income:	
Spouse Employer:		Phone:		Supervisor:	
Position:		Yrs/ Mos.		Monthly Income:	
Name and Relationship of Desired Roommate (Separate Application Required)					
Name		Relationship		Age	SS#:
Commanding Officer:			Contact Information:		
In Case Of Emergency Notify (Nearest Relative Not Living With You)					
Name:		Address:		Phone:	

Tell Us More!

Auto No. 1 Make: _____ Yr: _____ Tag: _____		Auto No. 2 Make: _____ Yr: _____ Tag: _____	
Have You Ever Been Evicted From An Apartment? _____ If so, Please Give Details: _____			
Have You Ever Been Convicted of a Felony? _____ If So, Please Specify: _____			
How Did You Hear About Our Apartment Homes? _____			
I hereby submit \$ _____ as a nonrefundable Application Fee, \$ _____ as a Deposit, and \$ _____ as a Reservation Fee. If Management accepts my application, it will reserve an apartment home for me for 48 hours after notification of acceptance. I agree to notify management within that 48 hour period of whether or not I will accept the apartment home. If I accept, I agree to execute Management's lease and rental agreement on or before the expected Move-In Date indicated above. If I fail to execute a rental agreement by the move-in date, I understand I receive no refund of the Application and Reservation Fee, and that any Deposit will be applied to lost rent until such time as the apartment home is rented again.			
I understand that this application is subject to review and the approval of Management and I understand that Management has the sole discretion to decide if I can rent this apartment home. I authorize Management to confirm the information listed in this application and to make any inquiries about me or any of the references listed in my application, my employer, any credit reporting agency, and any legal authority. Falsification of any fact contained herein is considered breach of lease for which Management may take any action allowable by the lease or laws of North Carolina.			
Note: Please have signature NOTARIZED if mailed or faxed.			
Applicant's Signature		Date:	
Spouse/Co-Applicant's Signature		Date:	

For Office Use:

Photo ID: _____		Number: _____		Type: _____		Expiration date: _____	
ID Address: _____						Site Employee Initials: _____	
Employment Verification—Name of Person Verifying: _____						Income/Monthly: _____	
Date Employed: _____			Supervisor: _____			Site Employee Initials: _____	
Spouse Employment Verification—Name of Person Verifying: _____						Income/Monthly: _____	
Date Employed: _____			Supervisor: _____			Site Employee Initials: _____	
Rental Reference: Place: _____				Rate: _____		Times Late: _____	
Lease Ending Date: _____			Notice Given: _____		Would You Rent to Them Again? _____		
Why or Why Not? _____						Site Employee Initials: _____	
Credit Report Attached? _____ By: _____				Judgements: _____			
Ratings: _____				Collections: _____			
Approved _____		/Disapproved: _____		Explanation: _____			
Date Applicant Notified: _____				By: _____			