(HEMPSTEDE)

ZEBULON, NG

LEASE APPLICATION	- Page 1 of 2		
DATE(Please print or type)			
(1) Full name		Soc.	Sec. #
(2) Spouse		Soc.	Sec. #
Other occupants' names			
Address(street, city, zip)			
Telephone (home)			
At present address	yrs	mo	
	own	rent	w/ parentsother
Monthly rent/payments \$	present address	\$previo	us address
Employment and Income - (1) husband, (2) w	ife; or (1) single	
(1) Employer		Position/Title	e
Address			Telephone
Length of Employment	yrsmos	Salary/ month	
Previous Employer		Position/Title	
Address			Telephone
Length of Employment	yrsmos	Salary/ month_	
(2)Employer	2 	Position/Title_	
Address			_ Telephone
Length of Employment	yrsmos	Salary/ month	
Previous Employer		Position/Title	
Address			_Telephone
Length of Employment			1.1

HEMPSTEDE ZEBULON,NC

LEASE APPLICATION Page 2 of 2				
Financial Information (date valued)			
Assets				
Cash - checking savings other		Total		
Securities - stocks bonds other		Total		
Real estate owned - residence purchase p	rice _			
Autos - yr make model		, est	. value	
yr make model		, est	. value	
Furniture and household goods		est.	value	
Other (describe)		est. value		
Liabilities, including auto loans and credit cards				
Creditor	Mo.	Payment	Total owed	
Creditor	Mo.	Payment	Total owed	
Creditor	Mo.	Payment	Total owed	
Creditor	Mo.	Payment	Total owed	
Other Information				
Checking A/C - Bank Addre	SS			
Savings A/C - BankAddre	ess			
Have you ever been bankrupt or had any judgements	or gar	nishments agains	t you?yes	no
If yes, explain on reverse side.				

Please list any other relevant information or additional information on previous answers given, on the back of this document.

I hereby state and represent that the information provided by me in this application is complete and accurate. I authorize you to verify any and all information contained in this application and to inquire into my personal and credit reputation, and I release all concerned from any liability in connection with any factual information they give. I acknowledge and agree that in the event I enter into a lease or other agreement with the owner that lease or other agreement may be cancelled by the owner in the event any of the information provided by me in this application is materially incorrect or incomplete. I understand that the rules and regulations are adopted for the benefit of all Residents and proper operation of this property, and I agree that the residency will be subject to them.

Signature

Signature

ZEBULON, NG

HEMPSTEDE

INCOME VERIFICATION

This will authorize _____ (employer) to release the information requested below regarding my employment / compensation / termination.

Full Name (Please Print or Type)	Social Security Nun	_			
Signature	Street Address				
Date Dear Sir / Madam:	City	State	Zip		
We are required to verify the incomes of all HEMPSTEDE TOWNHOMES. This inform determine your employee's eligibility due to	nation will be kept in	strict confidence a	ing in the and used only to		
Your prompt return of this letter will be app	reciated. Please fax	back to us at 919-4	443-1206.		
Sincerely,					
Management Agent					
EMPLOYED SINCE:					
DATE OF TERMINATION:					
\$/hour	hours/wee	ek	_weeks/year		
GROSS ANNUAL EARNINGS (over the ne	ext 12 months): \$				
ESTIMATED ANNUAL AMOUNT FOR OVERTIME: \$					
ANNUAL INCOME FROM BONUS, TIPS, COMMISSIONS, etc.: \$					
ANNUAL AMOUNT FOR MEDICAL COVERAGE DEDUCTION: \$					
DEDUCTION FOR SAVINGS PLAN: \$	and the second				
NATURE OF EMPLOYMENT: Permanent Temporary Probability of Continued Employment: ADDITIONAL COMMENTS		Part-Time			
rm Name Date					

Signature/Title



ZEBULON, NG

LANDLORD REFERENCE

Applicant's Name	Date
Address of Referenced Rental Property	
City State Zip	
This will authorize	(name of present or past landlord) to release the
Signature of Applicant Date	
LENGTH OF RESIDENCY:	
AMOUNT OF MONTHLY RENT:	RENT OWED:
HOUSEKEEPING HABITS:	·
CONTROL OF CHILDREN:	
RELATIONSHIP WITH NEIGHBORS:	
COMPLIANCE WITH RULES AND REGULATIONS	;
TENANT DAMAGES:	
WOULD YOU REHOUSE?	
COMMENTS:	
SIGNATURE OF PRESENT OR PREVIOUS LANDLO	ORD DATE

Please fax to 919-443-1206