

Jon Grigorian 704-696-2200

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For Office Only					
Date/Time Rec'd:	_				
Desired Move-in Date: Rent:	_				
Approved Denied					

Lakeshore Development Company 256 Raceway Dr, Suite 12 Mooresville, NC 28117

APPLICATION FOR RENTALS

For Property Address:	Property Address: 808 Wilmington Avenue, Statesville, NC 28677						
Is there a Co-Applicant and / or Co-Signer to be attached with this Application?							
All Parties (Co-Signers included) intending to sign a lease agreement for this property MUST fill out an Application.							
Name of Co-Applicant and/or Co-Signer to be attached to this application:							
	Applicant Information						
Full Name: First	Middle		Last				
Email Address:	Home Phone:						
Cell Phone:	Other Phone:		S.S.N:				
Date of Birth:	_ Driver License No:	State:					
Are you in the Military Service?	you in the Military Service? Do any of the Occupants Smoke?						
	Personal Residence						
Current Address:	Street Address	City	State Zip Code				
Current Landlord:	Landlord Phone: Rent Amount:		mount:				
Reason for Moving:							
(If Current Address is less than 2 years Complete the Previous Address Section Below) Years Months							
Previous Address:	Street Address	City	State Zip Code				
Previous Landlord:							
Reason for Moving:		Time at Address:					
8 ———	Employment		Years Months				
	Limpioyment						
Occupation:	Current Employer:						
Employer Address:		Phone Number:					
Time at Employer: Salary: Supervisor's Name:							

		References (1 ic				
Name:		Phone: Relationship:		o:		
Name:		Phone: Relationship:		o:		
Name:		Phone:	Relationship:			
		Bank Inforn	nation			
Does the Applicant have an Account at a bank?		Accounts Established:				
Bank Name:			Bank Phone Number:			
		Automob	iles			
Year:	Make:	Model:	Color:	Plate:		
Year:	Make:	Model:	Color:	Plate:		
Year:	Make:	Model:	Color:	Plate:		
Occupants & Pets List all name(s), age(s), and relationship of all persons living in the premises with you including children: Anyone living in the property over the age of 18 will be required to fill out an application.						
Name:		Age:	Relationship:			
Name:		Age:	Relationship:			
Name:		Age:	Relationship:			
Name:		Age:	Relationship:			
Name:		Age:	Relationship:			
Name:		Age:	Relationship:			
List ALL Pets (Number, Type, & Breed):					
		Emergency (Contact			
Contact Name:		Contact Phone:				
Contact Address:		Relationship:				

Additional Information

Acknowledgement & Agreement

The undersigned specifically acknowledge(s) and agree(s) that verification of any information contained in the application may be made at any time by the Landlord, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application. Applicant consents to Landlord submitting any information to a Landlord Verification Service Online or otherwise. It is also hereby agreed that the original copy of this application will be retained securely by the landlord even if the application is not approved.

I, the undersigned, certify that the information given herein is for the use of this landlord and is true to the best of my knowledge.

Applicant Signature:

Printed Name:

Date: