



P.O. Box 3382
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(919) 942-3479 (Fax)

E-mail: info@DreamMakerPropertiesLLC.com

Address of Unit Applied For: _____

Earliest Date for Unit Acceptance: _____ **Latest Date:** _____

| Rental Application | | | |
|----------------------------------------------------------------------|-------------------------------------|----------------|-----------|
| Are You a Student? (Check one) Yes_____ No_____ | | | |
| If Student: Who will pay your rent? _____ Relationship to You: _____ | | | |
| Applicant Information | | | |
| Name: | | | |
| Date of birth: | SSN: | Phone: | |
| Current address: | | E-mail: | |
| City: | State: | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Present landlord (if renting): | | Phone Number: | |
| Previous landlord: | | Phone Number: | |
| Previous address: | | | |
| City: | State: | ZIP Code: | |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? | |
| Employment Information | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | Annual income: | |
| Emergency Contacts: | | | |
| Name of a person not residing with you: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | Phone: |
| Relationship: | | | |
| Name of a person not residing with you: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | Phone: |
| Relationship: | | | |
| | | | |

Co-applicant Information

| | | |
|---------------------------------------|--------------------------|---------------|
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Current address: | | E-mail: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Present landlord (if renting): | | Phone Number: |
| Previous landlord: | | Phone Number: |
| Previous address: | | |
| City: | State: | ZIP Code: |
| Owned Rented (Please circle) | Monthly payment or rent: | How long? |

Co-applicant Employment Information

| | | |
|-------------------|-------------------------------------|----------------|
| Current employer: | | |
| Employer address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |

Additional Questions and Required Information:

Are you a Smoker? (check one): Yes_____ No_____ If Yes (check one): Inside_____ Outside_____

Do you have pets? (check one): Yes_____ No_____ If Yes: Cat(s) #_____ Dog(s) #_____

Number of persons to occupy unit: Adults: _____ Children (list ages): _____

Names of persons to occupy unit:

| | | | | |
|----------------------|-------|--------|---------|--------|
| Vehicles: Make/Model | Year: | Color: | Plate#: | State: |
| Make/Model | Year: | Color: | Plate#: | State: |

Please initial each of the following statements to indicate you understand:

- That **No** pets are allowed unless agreed to in the Lease Agreement: **Initials:**
- That the security deposit is a damage deposit and returnable only if lease period and terms are fulfilled and the property unit is left in good, clean, and undamaged condition: **Initials:**
- That the security deposit is not to be used as the last month's rent: **Initials:**
- That if the lease consists of more than one person, you are all jointly responsible for the rent and terms of the lease: **Initials:**
- That if one roommate moves or defaults, the others become totally responsible for the rent and the terms of the lease: **Initials:**

References

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| | | |
| | | |
| | | |

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

| | |
|----------------------------|-------|
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |
| | |