

Southern Shores RealtySM

5 Ocean Boulevard – Southern Shores, NC 27949
P.O. Box 150, Kitty Hawk, NC 27949
PH: 252-261-2111 FAX 252-261-4968

APPLICATION FOR LONG-TERM RENTAL

Please Fill Out Completely and Attach a \$20.00 Processing Fee to the Application

APPLICANT'S NAME _____ **HOME PHONE #** _____
SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____
CURRENT HOME ADDRESS: STREET _____ **CITY** _____
STATE _____ **ZIP CODE** _____ **MARITAL STATUS** _____ **BUSINESS PHONE #** _____
EMPLOYER _____ **POSITION** _____ **SALARY** _____
LENGTH OF EMPLOYMENT _____ **SUPERVISOR** _____ **PHONE #** _____
CURRENT LANDLORD _____ **PHONE #** _____ **RENT** _____
LENGTH OF RENTAL _____ **DID YOU COMPLETE YOUR CURRENT LEASE TERM** _____
IS CURRENT LANDLORD A RELATIVE _____ **REASON FOR MOVING** _____
PREVIOUS ADDRESS _____
PREVIOUS LANDLORD _____ **PHONE #** _____
LENGTH OF STAY _____ **RENT** _____ **WAS PREVIOUS LANDLORD A RELATIVE** _____
HAVE YOU EVER BEEN EVICTED _____ **REASON FOR EVICTION** _____
CO-APPLICANT'S NAME _____ **HOME PHONE #** _____
SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____ **SALARY** _____
PLACE OF EMPLOYMENT _____ **POSITION** _____
LENGTH OF EMPLOYMENT _____ **SUPERVISOR** _____
PHONE # _____ **TOTAL WEEKLY / MONTHLY INCOME** _____

NAMES OF OTHER RESIDENTS

NAME	AGE	RELATIONSHIP

DO YOU HAVE PETS _____ **HOW MANY** _____
DESCRIBE ALL PETS (TYPE, SIZE, AGE)

PERSONAL REFERENCES

NAME	PHONE	ADDRESS

Applying for Property _____

Dates needed _____

NAME OF YOUR BANK _____ PHONE # _____
ADDRESS _____

CHECKING ACCOUNT NUMBER _____ SAVINGS ACCOUNT NUMBER _____

DRIVER'S LICENSE NUMBER AND STATE

APPLICANT	CO-APPLICANT

AUTOMOBILE INFORMATION

MAKE AND MODEL	COLOR	TAG NUMBER	STATE	PAYMENT

CURRENT UTILITY ACCOUNT NUMBERS

ELECTRICITY	TELEPHONE	CABLE / SATELLITE TELEVISION

CREDIT REFERENCES

NAME	ADDRESS	PHONE #	ACCOUNT NUMBER

In case of emergency, notify: NAME _____ PHONE # _____
RELATIONSHIP _____

I, the undersigned, do hereby submit to Southern Shores Realty, my rental application and certify that the above information is true and correct.

I authorize you to contact any references that I have listed.

APPLICANT _____ DATE _____

CO-APPLICANT _____ DATE _____