

Hampton Court I & II Apartment Community

Rental Application

PROPERTY: _____ **DATE OF APPLICATION:** _____

UNIT NUMBER: _____ **UNIT SIZE:** _____ **MANGER INITIALS:** _____

APPLICANT: _____ **HOME PHONE:** _____ **WORK PHONE:** _____

DATE OF BIRTH: _____ **SS#:** _____ **DRIVER LICENSE #:** _____ **STATE:** _____

SPOUSE NAME: _____ **HOME PHONE:** _____ **WORK PHONE:** _____

DATE OF BIRTH: _____ **SS#:** _____ **DRIVER LICENSE #:** _____ **STATE:** _____

HOUSEHOLD COMPOSITION: (LIST ALL PEOPLE TO OCCUPY APARTMENT)

	LAST NAME	FIRST NAME	MI	SS #	AGE	RELATIONSHIP	FT STUDENT INCLUDING GRADE SCHOOL (Y/N)
Head							
2							
3							
4							
5							

PART 2 RESIDENCE HISTORY FOR THE LAST TWO YEARS

PRESENT ADDRESS: _____ **PHONE:** _____

LANDLORD'S NAME: _____ **PHONE:** _____

HOW LONG AT PRESENT ADDRESS? _____ **\$/MONTH:** _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ **PHONE:** _____

LANDLORD'S NAME: _____ **PHONE:** _____

HOW LONG AT PRESENT ADDRESS? _____ **\$/MONTH:** _____

REASON FOR MOVING: _____

PART 3 EMPLOYMENT HISTORY FOR THE LAST THREE YEARS (PLEASE PROVIDE LAST 2 CHECK STUBS)

NAME OF COMPANY	STREET ADDRESS	HOW LONG	MO. INCOME	SUPERVISOR	TELEPHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER SOURCE OF INCOME? **SOURCE:** _____ **AMOUNT:** _____

NOTE: SOURCES OF ADDITIONAL INCOME WILL NOT BE CONSIDERED UNLESS APPLICANTS PROVIDE DOCUMENTATION ESTABLISHING SUCH INCOME

VEHICLE TYPE	YEAR/MAKE	COLOR	LICENSE PLATE #	STATE
_____	_____	_____	_____	_____

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

HAMPTON COURT I & II APARTMENT COMMUNITY

(336) 924-5713 Phone

(336) 922-3202 Fax

RENTAL VERIFICATION

DATE: _____

_____ (Applicant's name) has applied for an apartment at our community and has given your name as a Landlord reference. Hampton Court Apartments would greatly appreciate if you could take a few minutes to complete the following and fax to 336-922-3202. I,

_____ (print name) authorize the release of my rental verification

_____ (signature).

Name of person completing this form _____,

Title _____

Phone Number _____

1. Is the person listed above a current or former resident? YES ___ NO ___
2. How long did the applicant reside at your complex? _____
3. Did the applicant pay rent on time? YES ___ NO ___ If no, please explain _____
4. Did the applicant or the applicant's household cause any problems or break any rules while residing at your complex? YES ___ NO ___ If yes, please explain: _____
5. Has the applicant ever had eviction proceedings initiated against them? YES ___ NO ___
6. Would you recommend the applicant for housing? YES ___ NO ___ If no, please explain: _____
7. Length of residence _____ . Is the lease being broken _____ ?

Additional Comments:

