



Carolina Cottages

A Home Rental Company

Rental Application
APPLICATION FEE: \$40 PER PERSON OR \$70 PER COUPLE

Phone: 828-692-7939 Web Address: carolinacottagesonline.com

PROPERTY ADDRESS: _____
OCCUPANCY DATE: _____ LEASE TERM: _____ RENT: \$ _____

APPLICANT PERSONAL INFORMATION:

FULL NAME: _____ DATE OF BIRTH: ___/___/___
(FIRST) (M.I) (LAST)
SOCIAL SECURITY #: _____ PHONE: (____) _____
DRIVERS LICENSE #: _____ STATE: _____ MOBILE #: (____) _____
E-MAIL ADDRESS: _____

APPLICANT RESIDENCE HISTORY

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
MOVE IN DATE FOR CURRENT ADDRESS: _____ CURRENT PAYMENT: \$ _____
OWNER/AGENT : _____ PHONE: (____) _____
PREVIOUS ADDRESS: _____
(IF W/IN 3 YEARS) (STREET) (CITY) (STATE) (ZIP)
MOVE IN/OUT DATES FOR PREVIOUS ADDRESS: _____ / _____
IN DATE (MO/YR) OUT DATE (MO/YR)

CO-APPLICANT PERSONAL INFORMATION:

FULL NAME: _____ DATE OF BIRTH: ___/___/___
(FIRST) (M.I) (LAST)
SOCIAL SECURITY #: _____ PHONE: (____) _____
DRIVERS LICENSE #: _____ STATE: _____ MOBILE #: (____) _____
E-MAIL ADDRESS: _____

CO-APPLICANT RESIDENCE HISTORY :

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
MOVE IN DATE FOR CURRENT ADDRESS: _____ CURRENT PAYMENT: \$ _____
OWNER/AGENT : _____ PHONE: (____) _____
PREVIOUS ADDRESS: _____
(IF W/IN 3 YEARS) (STREET) (CITY) (STATE) (ZIP)
MOVE IN/OUT DATES FOR PREVIOUS ADDRESS: _____ / _____
IN DATE (MO/YR) OUT DATE (MO/YR)

APPLICANT EMPLOYMENT INFORMATION:

EMPLOYMENT STATUS: FULL-TIME PART-TIME SELF-EMPLOYED STUDENT RETIRED UNEMPLOYED
(CIRCLE AS APPROPRIATE)

EMPLOYER: _____ EMPLOYMENT BEGIN DATE: __/__/____
 SUPERVISOR: _____ SUPERVISOR PHONE: (____) _____
 POSITION: _____ SALARY: \$ _____ mo
 PREVIOUS EMPLOYER: _____ BEGIN: __/__/____ END: __/__/____

If you have other sources of income you would like us to consider please list income, sources and person that we can contact to verify. You do not have to reveal alimony, child support, or spouses annual income unless you want us to consider it in the application.

MONTHLY AMOUNT: \$ _____ SOURCE: _____

CO-APPLICANT EMPLOYMENT INFORMATION:

EMPLOYMENT STATUS: FULL-TIME PART-TIME SELF-EMPLOYED STUDENT RETIRED UNEMPLOYED
(CIRCLE AS APPROPRIATE)

EMPLOYER: _____ EMPLOYMENT BEGIN DATE: __/__/____
 SUPERVISOR: _____ SUPERVISOR PHONE: (____) _____
 POSITION: _____ SALARY: \$ _____ mo
 PREVIOUS EMPLOYER: _____ BEGIN: __/__/____ END: __/__/____

If you have other sources of income you would like us to consider please list income, sources and person that we can contact to verify. You do not have to reveal alimony, child support, or spouses annual income unless you want us to consider it in the application.

MONTHLY AMOUNT: \$ _____ SOURCE: _____

PET INFORMATION:

Pets are allowed in many of the properties managed by Carolina Cottages, LLC. Owners must provide veterinary records for all pets. All pets must meet size and weight limits for each property. There is a \$200 non-refundable pet fee per animal. Please answer all questions below.

1.) TYPE OF PET: _____ (dog, cat, etc.) BREED OF PET: _____ AGE OF PET: _____
 WEIGHT OF PET: _____ LBS. NAME OF PET: _____ VET NAME & PHONE: _____
 2.) TYPE OF PET: _____ (dog, cat, etc.) BREED OF PET: _____ AGE OF PET: _____
 WEIGHT OF PET: _____ LBS. NAME OF PET: _____ VET NAME & PHONE: _____

VEHICLE INFORMATION:

If you have lived in this state more than 30 days, your car must be licensed in the state. All vehicles must be registered in the name of an occupant of the property and must be in working condition.

Vehicle 1: _____
 (MAKE) (MODEL) (YEAR) (COLOR) (TAG #) (STATE)
 Vehicle 2: _____
 (MAKE) (MODEL) (YEAR) (COLOR) (TAG #) (STATE)
 Vehicle 3: _____
 (MAKE) (MODEL) (YEAR) (COLOR) (TAG #) (STATE)

PLEASE LIST ALL INTENDED OCCUPANTS:

NAME	SOCIAL SECURITY #	D.O.B.
1.: _____	_____	___/___/___
2.: _____	_____	___/___/___
3.: _____	_____	___/___/___
4.: _____	_____	___/___/___

IN CASE OF PERSONAL EMERGENCY, NOTIFY:

Name: _____ Relationship: _____
Address: _____
Phone: (____) _____ Mobile: (____) _____ E-Mail: _____

GENERAL INFORMATION:

DO YOU OWN A WATERBED: YES NO (CIRCLE) DO YOU SMOKE? YES NO (CIRCLE)

HAVE YOU EVER: If you answer yes to any question please provide explanation in space provide at bottom of this page.

- Filed for Bankruptcy? YES NO (CIRCLE)
- Been evicted from Tenancy? YES NO (CIRCLE)
- Been convicted of a felony? YES NO (CIRCLE)
- Willfully or intentionally refused to pay rent when due?..... YES NO (CIRCLE)

PLEASE ANSWER THE FOLLOWING QUESTIONS TO ASSIST US IN COMPLYING WITH SECTION 504 OF THE REHABILITATION ACT OF 1973 (AS AMENDED):

Do you experience any condition(s) which may limit the enjoyment of the property or associated facilities
.....YES NO (CIRCLE)

If yes, what accommodations might help you? _____

Do you believe you are qualified for a handicap equipped unit:YES NO (CIRCLE)

Would you prefer a handicap equipped unit if one is available?YES NO (CIRCLE)

Have you or any above listed other occupants ever been convicted of the illegal use, manufacture, or distribution of a controlled substance?YES NO (CIRCLE)

EXPLANATIONS TO ALL "YES" ANSWERS ABOVE:

DISCLOSURES:

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND HEREBY AUTHORIZES VERIFICATION OF SUCH INFORMATION, INCLUDING CREDIT AND CRIMINAL CHECK. FALSE INFORMATION GIVEN ABOVE SHALL BE GROUNDS FOR OWNER/AGENT'S REJECTION OF THE APPLICATION, NON-RETURN OF ANY DEPOSIT OR FEES, TERMINATION OF RIGHT TO OCCUPY, AND IT MAY CONSTITUTE A CRIMINAL OFFENSE UNDER THE LAWS OF THE STATE. WE WILL PROCESS YOUR APPLICATION AS SOON AS POSSIBLE. IF YOU FAIL TO TAKE POSSESSION ON THE AGREED DATE, YOUR DEPOSIT WILL BE FORFEIT. IF YOU MOVE IN ON A DAY OTHER THAN THE FIRST OF THE MONTH, BUT PRIOR TO THE 16TH OF THE MONTH, YOUR RENT WILL BE PRORATED ON A 31 DAY BASIS FOR THE NUMBER OF DAYS YOU RESIDE IN THE PROPERTY. IF YOU MOVE IN ON OR AFTER THE 16TH YOUR RENT WILL BE A PRORATED AMOUNT BASED ON THE NUMBER OF DAYS LEFT IN THE MONTH PLUS THE RENT FOR THE FOLLOWING MONTH. WE REQUIRE THE LEASE TO BE SIGNED BY ALL PERSONS AGE 18 AND OVER WHO WILL LIVE IN THE PROPERTY. THE BROKER SHALL CONDUCT HIS BROKERAGE ACTIVITIES IN REGARD TO THIS AGREEMENT WITHOUT RESPECT TO THE RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS OF ANY TENANT, OR PROSPECTIVE TENANT.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE AND GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORD OF ANY AND ALL POLICING AGENCIES AND ANY OTHER RECORDS AND STATEMENTS WHEREVER FILED; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS INCLUDING BACKGROUND REPORTS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME. I HAVE READ AND UNDERSTAND **CAROLINA COTTAGES, LLC** RENTAL APPLICATION PROCEDURES.

PLEASE CHECK APPLICATION FOR ERROR BEFORE SIGNING THIS STATEMENT.

IF APPLICATION IS APPROVED I AGREE TO PAY SECURITY DEPOSIT IN FULL AND SIGN THE LEASE FOR THE PROPERTY WITHIN 48 BUSINESS HOURS OF APPLICATION APPROVAL. I ACKNOWLEDGE THAT FAILURE TO DO SO MAY RESULT IN FORFEITURE OF LEASE AGREEMENT AND ALL DEPOSITS MADE ON THE ABOVE PROPERTY.

AGENCY DISCLOSURE:

When showing you and/or leasing you rental property **CAROLINA COTTAGES, LLC** will be representing the interest of the owner. **CAROLINA COTTAGES, LLC** will work to obtain for the owner the best price possible. **CAROLINA COTTAGES, LLC** must also provide the owner any information obtained from you and any other source deemed necessary and which is material to the transaction or which might influence the property owners decision to lease.

SIGNATURES:

APPLICANT SIGNATURE: _____ DATE: ___/___/___

CO-APPLICANT SIGNATURE: _____ DATE: ___/___/___

APPLICATION FEE PAID? YES NO AMOUNT: \$_____ DATE RECEIVED: ___/___/___