

RENTAL APPLICATION

INCOMPLETE applications WILL NOT be processed until we have all information. We cannot guarantee any unit you have seen to be available by the time your application is processed. We cannot be held responsible for any unit that is rented after you have seen it and turned in an application. Purchasing a trailer located within a park we manage does not guarantee rental approval. All rentals are on a first-approved basis. Applicants intending to sublet trailer must also provide a completed rental application for each subtenant. Trailer may not be sublet and subtenants may not move in without written approval from Half Penny Sparrows, LLC.

PROPERTY APPLYING FOR: _____

I am applying as a ___Tenant ___Owner/Occupant ___Investor/Sublessor Investors must also fill out "Investor Application"

PERSONAL INFORMATION:

_____ LAST NAME	_____ FIRST	_____ M.INITIAL	_____ DATE OF BIRTH	_____ SOCIAL SEC #	_____ DRIVER'S LICENSE NUMBER
_____ LAST NAME	_____ FIRST	_____ M.INITIAL	_____ DATE OF BIRTH	_____ SOCIAL SEC #	_____ DRIVER'S LICENSE NUMBER

CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER(S) _____ EMAIL ADDRESS _____

NAMES AND DATES OF BIRTH OF ALL INTENDED APPLICANTS/ROOMMATES/SUBTENANTS: _____

WHEN WOULD YOU LIKE TO MOVE IN: _____ HOW LONG WILL YOU LIVE HERE?: _____ DO YOU SMOKE? Y N

IS THE TOTAL MOVE IN AMOUNT AVAILABLE NOW? Y N HOW DID YOU HEAR ABOUT THIS PROPERTY? _____

DO YOU HAVE A CHECKING ACCOUNT? Y N BALANCE: _____ DO YOU HAVE A SAVINGS ACCOUNT? Y N BALANCE: _____

WHAT PETS DO YOU HAVE? (Describe): _____

DOG OR CAT _____ BREED _____ AGE _____ PET'S WEIGHT _____ SEX _____ SPAYED OR NEUTERED _____ COLOR _____

AUTOMOBILE INFORMATION: How Many Vehicles Do You Own? _____ Do you serve in the US Military? YES ___ NO ___

_____ MAKE/MODEL	_____ YEAR	_____ STATE	_____ LICENSE #	_____ MAKE/MODEL	_____ YEAR	_____ STATE	_____ LICENSE #
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CURRENT RENTAL HISTORY:

Present Landlord: _____
 Name _____ Phone Number _____
 Rental Address / Unit # _____ Rental Amount _____ Move In – Move Out Dates _____

Reason for Moving: _____

Previous Landlord: _____
 Name _____ Phone Number _____
 Rental Address / Unit # _____ Rental Amount _____ Move In – Move Out Dates _____

Reason for Moving: _____

HAVE YOU EVER BROKEN A LEASE BEFORE? Y N If yes, reason: _____

HOW MANY EVICTIONS HAVE BEEN FILED UPON YOU? _____ Please Explain: _____

HOW MANY FELONIES DO YOU HAVE? _____ Please Explain: _____

INCOME:

List all verifiable forms of income you wish to have considered. (i.e. employment, financial aid, parents, etc. – we need to know how you will pay rent)

_____ Name of Company	_____ Dates of Employment	_____ Net Amount/Month	_____ Contact/Supervisor Name	_____ Supervisor Phone Number
_____ Name of Company	_____ Dates of Employment	_____ Net Amount/Month	_____ Contact/Supervisor Name	_____ Supervisor Phone Number

PERSONAL REFERENCES:

_____ Name	_____ Phone Number	_____ Relationship	_____ Name	_____ Phone Number	_____ Relationship
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IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT? _____
 Name _____ Phone # _____ Address _____

I hereby authorize Half Penny Sparrows, LLC management and the landlord, agent or staff to contact any persons, corporations, employers, credit agencies, offices, groups or organizations to obtain any information and material which is deemed necessary to verify the information and statements in the application. The statements above are true and correct to the best of my knowledge. Statements found to be false or misleading may result in termination of any rental contract. I authorize Half Penny Sparrows, LLC to send me text messages regarding this application at the phone numbers I have provided. You may opt out any time by replying "STOP" to any text message. I understand message and data rates may apply.

Signature _____ Date _____ Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

**TO: Half Penny Sparrows, LLC
PO Box 1171
Carrboro, NC 27510
(252) 227-0219 halfpennysparrowsllc@gmail.com**

I am an applicant for the residence located at:

_____,
managed by Half Penny Sparrows, LLC. I am required to furnish information that this agency may use in determining my qualifications for this residence. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby give my consent for Half Penny Sparrows, LLC and its representatives to conduct these checks and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for residential applicant purposes.

I hereby release Half Penny Sparrows, LLC and any organization, entity, company, institution or person furnishing information to Half Penny Sparrows, LLC from any liability for damage that may result from furnishing any information requested.

This form must be completely filled out and signed or applicant will be rejected.

Print Full Name: _____

Present Address: _____
(Street)

(City) (State) (Zip Code)

Birth Date: _____ **Social Security Number:** _____ - _____ - _____

(Applicant Signature) (Date)

Print Full Name: _____

Present Address: _____
(Street)

(City) (State) (Zip Code)

Birth Date: _____ **Social Security Number:** _____ - _____ - _____

(Applicant Signature) (Date)