

JAMES LITTLE REAL ESTATE, INC.  
RENTAL APPLICATION

Phone: 910-892-6868

May be returned by mail: PO Box 963, Dunn, NC 28335

Fax: 910-892-2518

Email: info@jameslittlerealestate.com

Date of Application \_\_\_\_\_

Fee collected: \_\_\_\_\_  
Date: \_\_\_\_\_

**ONLY FULLY COMPLETED/SIGNED, LEGIBLE APPLICATIONS WILL BE CONSIDERED.**  
**Please submit with non-refundable fee of \$25.00 for full consideration. Any person(s) over the age of 18 that will be residing in the same rental must fully complete a separate application.**

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Email: \_\_\_\_\_

**OTHER DEPENDENTS TO OCCUPY UNIT:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Occupants over the age of 18 must complete a separate application.

**RESIDENCE HISTORY (For the past 3 years):**

**PRESENT ADDRESS (include zip):**

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Own: ( ) Rent: ( ) Monthly Rent or Mortgage Amount \_\_\_\_\_  
Date Rental Started: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Present Landlord's Name: \_\_\_\_\_ LL Phone #: \_\_\_\_\_  
Present Landlord's Address: \_\_\_\_\_

**PREVIOUS ADDRESS (include zip):**

Own: ( ) Rent: ( ) Monthly Rent or Mortgage Amount \_\_\_\_\_  
Date Rental Started: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_ LL Phone #: \_\_\_\_\_  
Previous Landlord's Address: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_  
Own: ( ) Rent: ( ) Monthly Rent or Mortgage Amount \_\_\_\_\_  
Date Rental Started: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_ LL Phone #: \_\_\_\_\_  
Previous Landlord's Address: \_\_\_\_\_

**APPLICANT'S EMPLOYMENT (for past 3 years):**

Status: ( ) Full-time ( ) Part-time ( ) Student ( ) Self-employed ( ) Retired ( ) Others

Number of Hours worked per week: \_\_\_\_\_

\*\*Must provide copies of at least one of following: last 2 months of pay stubs; most recent tax return

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date started: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_

Likelihood of continued employment \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Total monthly net income (actual take home): \$ \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date started: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_

**SPOUSE'S EMPLOYMENT (for past 3 years):**

Status: ( ) Full-time ( ) Part-time ( ) Student ( ) Self-employed ( ) Retired ( ) Others

Number of Hours worked per week: \_\_\_\_\_

\*\*Must provide copies of at least one of following: last 2 months of pay stubs; most recent tax return

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date started: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_

Likelihood of continued employment \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Total monthly net income (actual take home): \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Position: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Date started: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_

**AUTOMOBILES: Total number of Vehicles: \_\_\_\_\_ (Identify each below)**

Make of auto \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 Make of auto \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 Make of auto \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**FINANCIAL OBLIGATIONS:**

Payment to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_  
 Payment to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_  
 Payment to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_  
 Payment to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_  
 Payment to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_  
 Payment to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Current balance \$ \_\_\_\_\_

(Continue On Attached Sheet If Required)

**BANK ACCOUNTS:**

Bank/Location: \_\_\_\_\_ Account Type: \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Bank/Location: \_\_\_\_\_ Account Type: \_\_\_\_\_ Balance \$ \_\_\_\_\_

**OTHER: (if yes, attach explanation)**

Have you ever filed bankruptcy? ( )No ( )Yes  
 Have you ever been evicted from tenancy? ( )No ( )Yes  
 Have you ever been arrested: ( )No ( )Yes  
 Have you ever been convicted of a crime? ( )No ( )Yes  
 Are there outstanding collections/judgments/charge off accts? ( )No ( )Yes  
 Are you named as a defendant in any lawsuits? ( )No ( )Yes  
 Are you required to pay alimony/child support? ( )No ( )Yes  
 Will you have a waterbed on the property? ( )No ( )Yes  
 Are there involuntary repossessions? ( )No ( )Yes

How is your credit? \_\_\_\_\_ What is your credit score? \_\_\_\_\_

**OTHER PERSONAL INFORMATION:**

Does anyone in household smoke? ( )Yes ( )No

Pet(s):

Name/Color	Type/Breed	Weight	Sex	Age	Indoor/Outdoor	Neutered/Spayed?
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Some of our rental units do not allow pets. Please see the property manager to verify if the rental unit you are applying for allows pets.*

Person who could help you out financially: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address (include zip):

\_\_\_\_\_

The undersigned individual(s) make application to lease the dwelling located at:

\_\_\_\_\_ ,  
for \$ \_\_\_\_\_ per month beginning \_\_\_\_\_  
and ending \_\_\_\_\_ . All parties acknowledge

that application is being made for the referenced dwelling in its present condition unless otherwise noted, and that occupancy is subject to possession being delivered by the present occupant, if applicable. The above information is true and correct. **YOU MUST PROVIDE A COPY OF:** ( ) Social Security Card ( ) Drivers License ( ) Copy of two most recent pay stubs for applicant and co-applicant.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Co-Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

**ADDENDUM TO RENTAL APPLICATION**

**For:**

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PRINT Applicant's and Co-Applicant's Name

**I hereby authorize the Landlord or Landlord's agent to verify the information on my rental application. Verification may include, but not limited to, the rental application, my credit, my tenant history, my employment verification, my check writing history, any court records and/or my criminal record, and I hereby authorize and instruct any entity or person contacted by Landlord or Landlord's agent to promptly release such information to them by mail or fax.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A photocopy or fax may be used in lieu of the original

**Co-Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A photocopy or fax may be used in lieu of the original