



PROPERTY MANAGEMENT DEPARTMENT

Applications are processed by a third-party company. The average turn-around time is 48 hours unless there is a delay in getting back the employment or past rental history verification.

Please Print CLEARLY to avoid any delay in processing.

- 1) Application fees are non-refundable and are \$55.00 per person, for persons over the age of 18, who are financially responsible parties to the lease.

Cash, Certified Checks or money order only. Made payable to Reeves Realty.

- 2) The credit **form that has NTN MEMBER NUMBER** at the top: CLEARLY fill out all of the information and all parties must sign.
- 3) **Income Verification:** Fill out the top part (do not write after the double lines), sign and date. We will contact your employer to complete bottom part. We will also accept 2 years W-2's and 1 month most recent pay check stubs as additional verification.
- 4) **Landlord Reference:** Fill out top part, sign and date. Do Not give to your landlord, we will send to landlord to complete.
- 5) **Lease Application** – Complete in its entirety, sign and date.

IMPORTANT: on this form, please list the phone numbers for your employers and your landlord so that we may contact them. This is most often the part that delays the processing so feel free to contact us if you have questions.

If you have lived at your current residence less than 2 years, please list your previous residence and landlord information.

If you have worked at your current job less than 2 years, please list your previous employer and their contact details.



PHONE: 919-217-5222
FAX: 919-443-1206
WWW.REEVESREALTY.NET

LEASE APPLICATION

PERSONAL INFORMATION

Applicant's Full Name:	SS#:
Co-Applicant's Full Name:	SS#:
Names of Other Occupant(s)	Age:___ Relationship:
	Age:___ Relationship:
	Age:___ Relationship:
Current Address:(street, city, zip)	
Phone No. (Home)	(Cell) (Other)
How long at current address: (years) (months)	
____ (own) ____ (rent) ____ (with parents) ____ (other)	
Monthly rent/payments \$ _____ at present address \$ _____ at previous address	

EMPLOYMENT AND INCOME (1) Applicant (2) Co-Applicant

1. Employer _____ Position/Title _____
Address: _____
Telephone _____ Length of Employment _____ years _____ months
Salary _____ monthly _____ weekly _____ annual
2. Employer _____ Position/Title _____
Address: _____
Telephone _____ Length of Employment _____ years _____ months
Salary _____ monthly _____ weekly _____ annual

FINANCIAL INFORMATION

1. Assets: Cash \$ _____ Checking \$ _____ Savings \$ _____ Total \$ _____
Securities: Stocks _____ Bonds _____ Other _____ Total \$ _____

_____ (applicant initial & date) _____ (co-applicant initial & date)



Checking a/c bank _____ Location _____

Savings a/c bank _____ Location _____

2. Real Estate owned - residence _____ Purchase Price _____

Auto _____ yr _____ make _____ model est. value \$ _____

Auto _____ yr _____ make _____ model est. value \$ _____

3. Furniture and Household goods estimated value: \$ _____

4. Other (describe) _____ est. value \$ _____

LIABILITIES (including auto loans and credit cards)

Creditor _____ Mo. Payment \$ _____ total owed: _____

Creditor _____ Mo. Payment \$ _____ total owed: _____

Creditor _____ Mo. Payment \$ _____ total owed: _____

Creditor _____ Mo. Payment \$ _____ total owed: _____

Creditor _____ Mo. Payment \$ _____ total owed: _____

Creditor _____ Mo. Payment \$ _____ total owed: _____

5. Have you ever declared bankruptcy or had any judgments or garnishments against you? ____yes ____no

If yes, please explain. (use reverse side)

Please list any other relevant or additional information on use reverse side.

I hereby state and represent that the information provided by me in this application is true and accurate. I authorize you to verify any and all information contained in this application and to inquire into my personal and credit history. I give permission for Reeves Realty and its representatives to contact any and all parties listed on this application to verify any and all information I have given. I release Reeves Realty from any liability in connection with any verification performed. I acknowledge and agree that any lease or other agreement entered into with Reeves Realty and its representatives may be cancelled by the owner if any information provided by me in this application proves false or incorrect. I understand that the rules and regulations are adopted for the benefit of all residents and proper operation of the leased properties, and I agree that the residency will be subject to them.

Signature of Applicant

Date

Signature of Co-Applicant

Date

TERMS: APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN TO EVALUATE THIS APPLICATION TO RENT / LEASE IS CORRECT AND COMPLETE. APPLICANT AUTHORIZES ALL INQUIRIES BY RENTAL OWNER OR OWNER'S AGENT OR NATIONAL TENANT NETWORK DEEMED NECESSARY TO EVALUATE THIS APPLICATION. APPLICANT FURTHER UNDERSTANDS THAT ANY FALSE , INACCURATE, OR INCOMPLETE INFORMATION IS GROUNDS FOR IMMEDIATE REJECTION. APPLICANT SPECIFICALLY AUTHORIZES AND REQUESTS ALL PRESENT AND PREVIOUS EMPLOYERS, MORTGAGE HOLDERS, LANDLORDS, RENTAL AGENTS, CREDIT GRANTORS, BANKS, ACCOUNTANTS, STOCK BROKERS, AND ANY GOVERNMENT AGENCY TO RELEASE ANY REQUESTED INFORMATION IN THE EVALUATION OF THIS APPLICATION. THIS FORM IS PROVIDED BY NTN TO ASSIST ITS MEMBERS IN PROCESSING THEIR APPLICATIONS TO LEASE RENTAL PROPERTY. NTN SHALL NOT BE RESPONSIBLE FOR THE USE OR APPLICATION OF THIS FORM BY OTHERS OR ANY LEGAL ASPECT AS TO A LEASING / RENTAL AGREEMENT ENTERED INTO BY ANY PARTIES USING THIS FORM.

NTN MEMBER NAME:

ACCESS NUMBER:

TELEPHONE:

FAX:

CONTACT:

DATE:

TIME:

REPORTS FOR:(Please Specify) **Applicant** **Spouse**

REPORT TYPE(S): CREDIT__ EVICTION__

STATE or COUNTY CRIMINAL__ (Please Specify):

NATIONWIDE CRIMINAL__ Decision Point

FULL SERVICE__ (Credit, Eviction, Local Criminal & Verify Employer / Landlord)

Application

Fax this form to NTN at 866-542-0965

RENT: _____

USE BLACK INK AND PLEASE PRINT CLEARLY!

VERIFY I.D. / SSN / ADDRESS INFO!

Applicant:

LAST

FIRST

MIDDLE

SSN#: ____/____/____

Drivers Lic. #/State: _____/_____

DOB: ____/____/____

Spouse:

LAST

FIRST

MIDDLE

SSN#: ____/____/____

Drivers Lic. #/State _____/_____

DOB: ____/____/____

Present Address: _____ **Rent Amt:** \$ _____ **Reason for Leaving:** _____

City: _____ **State:** _____ **Zip:** _____ **Your Home Phone:** () _____

Current Landlord: _____ **Phone:** () _____ **Date From:** _____ **to** _____

Previous Address: _____ **Rent Amt:** \$ _____ **Reason for Leaving:** _____

City: _____ **State:** _____ **Zip:** _____ **Has an eviction ever been filed against you? Yes / No**

Previous Landlord: _____ **Phone:** () _____ **Date From:** _____ **to** _____

Present Employer: _____ **Phone #:** () _____

Position: _____ **Supervisor:** _____

Date From: _____ **to** _____ **Gross Income:** \$ _____ **per week**[] **month**[] **yr**[] **Other Income:** _____

Bank Name: _____ **Savings Acct. #** _____ **Checking Acct. #** _____

Spouse's Employer: _____ **Phone #:** () _____

Position: _____ **Supervisor:** _____

Date From: _____ **to** _____ **Gross Income:** \$ _____ **per week**[] **month**[] **yr**[] **Other Income:** _____

Bank Name: _____ **Savings Acct. #** _____ **Checking Acct. #** _____

Others who will occupy premises:

Pets? Yes or No

Auto make Yr Tag # Auto Make Yr Tag # Other Vehicles? Yes or No

If I/We rent the unit, I/We understand my/our rental history including lease violations and information I/we provide on this application may be reported to and maintained by National Tenant Network for up to 7 (seven) years after I vacate the premises.

Applicant Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

742 MCKNIGHT DRIVE, SUITE 201
KNIGHTDALE, NC 27545
WWW.REEVESREALTY.NET



OFFICE: 919-217-5222
FAX: 919-443-1206

EMPLOYMENT & INCOME VERIFICATION

This will authorize _____ (employer) to release the information requested below regarding my employment / compensation / termination.

Landlord email address _____

Applicant Full Name (Please Print or Type) _____

Social Security Number _____

Applicant Current Street Address _____

City State Zip _____

Applicant Signature _____

Date _____

Dear Sir/Madam:

We are requested to verify the incomes of all members of families applying for or living in property we manage. This information will be kept in strict confidence and used only to determine your employee's eligibility due to North Carolina Housing Regulations. Your prompt return of this letter will be appreciated. A stamped, self-addressed return envelope is enclosed.

Management Agent -----

Employed Since: _____

Occupation: _____

Date of Termination: _____ \$ _____/hr _____ hrs/week _____ weeks/year

GROSS ANNUAL EARNINGS (over the next 12 months): \$ _____

ESTIMATED ANNUAL AMOUNT OF OVERTIME: \$ _____

ANNUAL INCOME FROM BONUS, TIPS, COMMISSIONS, ETC. \$ _____

ANNUAL AMOUNT FOR MEDICAL COVERAGE DEDUCTION: \$ _____

DEDUCTION FOR SAVINGS PLAN: \$ _____

NATURE OF EMPLOYMENT:

Permanent ____ Temporary ____ Seasonal ____ Part-time ____

Probability of continued employment: _____

ADDITIONAL COMMENTS: _____

Firm Name _____ Date _____

Signature & Title _____





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LANDLORD REFERENCE

APPLICANT'S NAME: _____ Date: _____

ADDRESS of referenced rental property _____ City _____ State _____ Zip _____

This will authorize _____ (name of present or past landlord) to release the information below regarding my rental history.

Signature of Applicant Date: _____

DO NOT WRITE BEYOND THIS POINT - TO BE COMPLETED BY LANDLORD

1. Length of Residency: From: _____ To: _____ Monthly rent: \$ _____

2. Was the property kept in good condition? Yes ____ No ____ if no: please give details: _____

3. Did tenant comply with rules and regulations: Yes ____ No ____ if no, please give details: _____

4. On move out was there any damage to property: Yes ____ No ____ if yes, please give details: _____

5. Was rent paid on time? Yes ____ No ____ if no, please give details: _____

6. Any bounced checks: Yes ____ No ____ if yes, please give details: _____

7. Would you rent to this tenant again? Yes ____ No ____ Any Comments: _____

Signature of authorized person/Landlord Date: _____