

355 Industrial Park Drive Boone, NC 28607 ph: 828.268.0994 fax: 828.262.3887

For Office Use Only:		
Date Received	Housing Unit	
App. Fee Paid	Received by _	
Approved	Denied	_Security Deposit
Lease Guarantee	A	dministration Fee

RENTAL APPLICATION

PERSONAL INFO		Middle			Lact		
Preferred Name						SSNI	
Driver's License Numb							
Cell Phone							
Email Address							Sophomore
Junior				11 3011001:		Trestillian	30piloillole
RENTAL HISTORY			t other				
Current Address			City		State	7in	
ASU Box							
Fax							
Previous Address		-					
Rental Company/Land							
Fax							
EMPLOYMENT A		-		in Date _		Move Out Dat	
Current Employer			Address				
Position							
Gross Wages							
•							
Supervisor's Name			Juperviso	. 3 1 110116			
OCCUPANTS Full Name			Λ	-	مناطع مرماند		
Full Name							
Full Name			_				
Full Name					kelationship _.		
PARENT/GUARDI							
Full Name				-			
City							
Home Phone							
Email			Employer				
PETS							
Yes No							
Indoor Outdo						Ag	je
VEHICLE INFORM							
Make		Model					
Tag Number				State			
ADDITIONAL INF	ORMATION						
Have you ever been e	victed or had a ju	dgment again	st you? Y	N	If yes, please	explain why:	
Have you ever been c	onvicted of, plead	ded guilty, or n	o contest to, any	criminal o	offense(s) or l	have any pendin	g criminal charges?
Y N							
AGREEMENT ANI	D AUTHORIZ <i>A</i>	TION					
Applicant shall pay to the the Landlord to verify in knowledge, and further discretion, be disqualified necessary to verify the ineighbors, police, gover within his/her sole discretion of this form or a copy of	ne landlord a non-re iformation submitt agrees that if infor ed. Applicant author information provide inment agencies ar etion. Applicant ag	efundable fee in ed by the Applic mation is not as orizes the Landlo ed herein, includ nd any and all ot rees any person	ant. All the inform represented or ap ord, his/her employ ling but not limite her sources of info or firm is authoriz	nation is tru plication is yees, agent d to direct ormation w ed to relea	e, accurate an incomplete, t s, or represent contact with A hich the Landl	d complete to the he Applicant may, atvies to make an pplicant's employ ord may deem ne	best of applicant's at the Landlord's sole y and all inquiries er, landlords, credit, cessary and appropria
X	Applican					Da	 te



355 Industrial Park Drive *ph*: 828.268.0994 Boone, NC 28607

fax: 828.262.3887

email: info@sofieldrentals.com

VERIFICATION OF RENTAL HISTORY

To:		<u> </u>
Phone #:	Fax#:	
Dear Landlord/Property Owner/Re	ental Company:	
appreciate your assistance in comp	oplied to rent from Sofield Properties oleting the following questions, and i cant authorizes the release of informa	returning to Sofield Properties at the
Applicant Name:		
Signature of Applicant Authorizi	ng Release of Information	Date Signed
How long did (or has) the above ap	oplicant rent(ed)?:	
When did (or does) the lease end?:		
Did the applicant give proper notic	ce to vacate? YesNo	
Amount of rent \$ pe	er month Utilities included: G	ias ElectricW/S
Is rent in arrears?YesNo	If Yes, amount: \$	
Payment History: On Time _	Sometimes Late Frequent	ly Late Evicted
Were premises maintained in a cle	an and neat manner?Yes	No
Did the applicant cause any prope	rty damage? YesNo	oNo Knowledge
	ed from others regarding this applica	
Did applicant have pets? Ye		
Would you rent to this applicant ag	gain?Yes No	
Additional comments:		
Signature	Title	Date