

# RIVER BRIDGE APARTMENTS

Phone: (252) 337-7368

Fax: (252) 337-7368

## Application for Residency

1. PLEASE PRINT CLEARLY. Complete application in its entirety. Incomplete applications will not be processed.
2. Submit a \$40 non-refundable Application Fee along with a \$100.00 deposit payable to River Bridge Apartments in the form of two separate money orders or cashiers checks. No personal checks or cash accepted.
3. Each occupant over 18 YOA must submit separate application & application fee.
4. Copy of most recent pay stub or most recent LES for Military applicant is required with application.
5. Copy of valid Drivers License, Military ID, State ID if applicable, is required with application.
6. Read and sign bottom of application.

### APPLICANT:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupation \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Co-Applicant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupation \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

### Vehicles that will be parked on premises:

Vehicles	Year	Type	Model	Color	License #	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Tenant decals will be issued for all vehicles listed above. Vehicles not listed & without a required decal will be subject to towing.

LIST OTHERS WHO WILL RESIDE IN APARTMENT (Occupants 18 years of age or older must be signatory to Rental Agreement. The maximum number of occupants allowed for a two bedroom unit is FOUR (4). Occupancy of the apartment by anyone other than approved applicants and occupants listed below constitutes a breach of the Lease and will result in lease termination and legal action. Will there be any other occupants in the apartment? Yes / No If yes, please list below:

Full Legal Name	Soc. Sec. #	Relationship to Applicant	DOB	Annual Income	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### APPLICANT INFORMATION:

#### PRESENT ADDRESS:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent or Own \_\_\_\_\_ Dates \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord/Lender Address \_\_\_\_\_

#### PREVIOUS ADDRESS:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent or Own \_\_\_\_\_ Dates \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord/Lender Address \_\_\_\_\_

#### CURRENT EMPLOYER:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Date \_\_\_\_\_ Position \_\_\_\_\_ Annual Salary \_\_\_\_\_

#### PREVIOUS EMPLOYER:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Date \_\_\_\_\_ Position \_\_\_\_\_ Annual Salary \_\_\_\_\_

**OTHER INCOME:**

Type of Income

Source

Gross Annual Amount

**RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This is to inform you that as part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, credit report and criminal background report. Applicant acknowledges that this application is preliminary only and involves no obligation of the Landlord or its Agent to approve this application or to deliver occupancy of the proposed premises.

Have you ever been evicted from your home/apartment? If Yes, explain \_\_\_\_\_  
 Has a judgment ever been filed against you for non-payment of debts or rent? If Yes, explain \_\_\_\_\_  
 Do you have a police record? If Yes, explain \_\_\_\_\_  
 Have you ever been arrested and/or convicted of a misdemeanor, felony or a sexual offense? If Yes, explain \_\_\_\_\_

**BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE LANDLORD OR ITS AGENT TO VERIFY THIS INFORMATION THROUGH REFERENCE CHECKS, CREDIT CHECKS, CRIMINAL BACKGROUND CHECKS AND ANY OTHER MEANS AVAILABLE TO THE LANDLORD OR ITS AGENT.**

**UPON DISCOVERY OR DETERMINATION, IN LANDLORD OR ITS AGENTS SOLE DISCRETION, THAT ANY OF THE STATEMENTS MADE ABOVE ARE FALSE OR MISLEADING, LANDLORD OR ITS AGENT MAY REJECT THE APPLICATION AND APPLICANT WILL FORFEIT ALL FEES AND DEPOSITS. FALSE OR MISLEADING INFORMATION THAT BECOMES EVIDENT AFTER THE APPLICANT IS APPROVED OR HAS MOVED INTO AN APARTMENT CONSTITUTES A BREACH OF THE LEASE BY THE APPLICANT OR TENANT AND LANDLORD OR ITS AGENT MAY TERMINATE THE LEASE AT LANDLORD'S OR ITS AGENT'S DISCRETION AND COLLECT DAMAGES. FALSE OR MISLEADING INFORMATION MAY ALSO CONSTITUTE FRAUD OR ANOTHER CRIMINAL OFFENSE AND WILL BE REPORTED TO THE APPROPRIATE AUTHORITIES.**

**APARTMENT RENTAL RATES, DEPOSITS AND FEES ARE BASED ON THE RATES IN EFFECT AS OF THE START DATE OF THE LEASE, NOT THE DATE OF APPLICATION.**

**APPLICATIONS ARE NORMALLY PROCESSED WITHIN 24 HOURS (MON - FRI). A SECURITY DEPOSIT IS REQUIRED ON ALL LEASES, WITH APPROVED CREDIT.**

**UPON APPROVAL, THE \$100.00 APPLICATION DEPOSIT WILL BE APPLIED TO THE SECURITY DEPOSIT. A FULL REFUND WILL BE GIVEN IF THE APPLICATION IS DENIED BASED ON CREDIT. UPON NOTIFICATION OF APPROVAL THE APPLICANT HAS 72 HOURS TO DELIVER ADDITIONAL REQUIRED SECURITY DEPOSIT TO THE LANDLORD OR ITS AGENT OR THE APPLICATION DEPOSIT WILL BE FORFEITED AND THE UNIT BEING TENTATIVELY RESERVED WILL BE MADE AVAILABLE TO OTHER APPLICANTS.**

**IN ORDER TO HOLD AN APARTMENT, THE APPLICATION FEE, APPLICATION DEPOSIT, AND FULL REQUIRED SECURITY DEPOSIT MUST BE SUBMITTED. EACH MUST BE SUBMITTED WITH SEPARATE MONEY ORDER OR CASHIER CHECK. THE APPLICANT ACKNOWLEDGES AND AGREES THAT THE SECURITY DEPOSIT AND ALL FEES PAID WITH THIS APPLICATION WILL BE HELD BY LANDLORD OR ITS AGENT IN THEIR ACCOUNT. IF AN APPLICANT FAILS TO MOVE-IN FOR ANY REASON AFTER THE APPLICATION HAS BEEN APPROVED AND THE APARTMENT HAS BEEN HELD FOR THE APPLICANT, THE ENTIRE AMOUNT OF THE APPLICATION DEPOSIT AND SECURITY DEPOSIT WILL BE FORFEITED AND APPLIED TOWARDS DAMAGES SUFFERED BY THE LANDLORD. TENANT ACKNOWLEDGES THAT LANDLORD OR ITS AGENT WILL NOT BE HELD RESPONSIBLE FOR DELAYS CAUSED BY HOLDOVER TENANTS OR DELAYS DUE TO EXCESSIVE DAMAGES TO THE APARTMENT CAUSED BY PRIOR TENANT.**

**APPLICANT ACKNOWLEDGES THAT LANDLORD AND ITS AGENT ADVISES TENANTS TO HAVE RENTER'S INSURANCE PRIOR TO MOVING INTO AN APARTMENT.**

**APPLICANT ACKNOWLEDGES THAT LANDLORD AND ITS AGENT COOPERATES WITH LAW ENFORCEMENT OFFICIALS IN EXECUTION OF THEIR DUTIES.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address Of Apartment & Unit # to Reserve \_\_\_\_\_ Mo. Rent \_\_\_\_\_ Security Deposit \_\_\_\_\_  
Date to Reserve Unit \_\_\_\_\_