RENTAL APPLICATION

All 4 U Property Management
126 S. Douglas St.
Wilson, NC 27893
252-991-1301
all4upropmgmt@gmail.com

Date: _____ Property applying for: _____

Application Fees:

Primary Applicant:	$50
Co-applicant:	$30
All other adults (18+):	$20

Application takes three business days to process.

_____ _____ _____
Full Name Birthdate Social Security Number

_____ _____ _____
Co-applicant Birthdate Social Security Number

_____
Present Address City State Zip Code

_____
Email Address (*By electing to provide their email address, Tenant agrees that notice by Landlord may be given to Tenant via email.)* Phone Number

_____
Present Landlord Landlord Phone Number

How long have you lived at your present address? _____ Current monthly rent: _____

Reason for moving: _____

Have you ever rented from All 4 U Property Management? Yes ☐ No ☐ Address: _____

List below everyone who will live at this residence if this application is approved:

Name	Age	Relationship to Applicant

Do you have any pets? Yes ☐ No ☐ If yes, please describe (type & size): _____

Place of employment or source of income for each applicant (provide two months' pay stubs):

1. _____ Phone Number: _____ Monthly Pay: _____

2. _____ Phone Number: _____ Monthly Pay: _____

Are you active-duty military? Yes ☐ No ☐ If yes, which branch? _____

Personal reference: _____ Phone Number: _____

Emergency contact: _____ Phone Number: _____

By signing this application, I hereby specifically authorize All 4 U Property Management and their agents, for purposes of this application, to contact and obtain information required from any of the individuals or entities as may be required. I understand that this is a preliminary application and gives no lease or rent rights. Additional information and a deposit will be required at a later date in order to complete the processing of my application.

_____
_____
Applicant Signature Co-applicant Signature

The policy of All 4 U Property Management is to require a written application from all prospective residents prior to signing a lease. The answers to the questions on this application, along with the results of the investigations conducted by our team, helps determine the selection of our residents. The following items are considered:

- Rent rate must not exceed 30% of verified monthly income.
- Present employment and how long.
- Name, address and phone number of present landlord.
- A prospect may not be considered for a rental unit if any person named on application has been charged or convicted of criminal activity, misdemeanor or felony, including but not limited to possession of controlled substances.
- Only those listed on this application may reside in the rental unit without the written permission of the Landlord or Agent.
- A security deposit for all houses or apartments is required at the time of signing your lease. We require a written lease on all units. The amount of the Security Deposit will vary according to the rental rate of the unit, and will not exceed amounts set forth by NC Statute.
- If any facts stated in the Rental Application prove to be false, the Landlord shall have the right to reject the application in its entirety and the application fee shall be forfeited for damages.

TENANT RELEASE AND CONSENT

I/We hereby authorize all persons or companies in the categories listed below to release information regarding employment, income, and/or assets for the purpose of verifying information on my/our rental application.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to: past and present employers, support and alimony providers, educational institutions, banks and financial institutions, welfare agencies, state unemployment agencies, social security administrations, public housing authorities, veteran's administrations, retirement systems, medical and care providers, previous landlords.

I/We agree that a photocopy or fax of the authorization may be used for the purposes stated above. The original or this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that is proven to be incorrect.

Wilson Property Owners & Managers Association Authorization, Release & Waiver

I hereby authorize All 4 U Property Management and Wilson Property Owners & Managers Association (WPOMA) to thoroughly investigate my employment references, previous landlord records, credit history, criminal background history and other records or history in determining my qualifications for rental housing.

I further authorize the release to WPOMA of any and all information and history you may have or possess concerning me. I hereby release, discharge and exonerate All 4 U Property Management, WPOMA, all credit reporting agencies, past and present employers and any persons or firm furnishing information hereunder from any and all liability of every nature and kind arising out of the furnishing of records and information. This release shall be binding on my successors, heirs and assigns.

I hereby certify that all statements on my application are true and accurate to the best of my knowledge and belief. I understand that All 4 U Property Management and WPOMA solicit and process information so as to be informed of my record and character. I understand that my qualification for a rental property depends upon the satisfactory completion of a background check and investigation. I understand any misrepresentations; falsifications or omission of facts may be grounds for immediate disqualification of my application.

In connection with this authorization, I authorize all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, federal courts, military services and any persons to release information they may have about me to All4 U Property Management and WPOMA. This releases the aforesaid parties from any liability and responsibility for collection of any information.

_____
_____
Applicant Signature Co-applicant Signature

Applicant Printed Name

Co-applicant Printed Name

Date

Date