RIVER BRIDGE APARTMENTS

Phone: (252) 337-RENT / Fax: (252) 335-5545

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.

Name: (Last)							
Social Security #:	APPLICANT:	/ F !			/MI\	Dhone #-	
Co-Applicant (Last)	Name: (Last)	(FIRST	Doto of	Dirth	_ (IVII)	Pnone #:	
Co-Applicant (Last)	Social Security #:		Date of	Birtii:		Email:	
Date of Birth	DIIVEIS LICEIISE #:		State	ıssueu:		Expiration Date:	
Date of Birth	Co-Applicant (Last)		(First)		(MI)	Phone #:_	
// APPLICANT INFORMATION: PRESENT ADDRESS: Street	Social Security #		Date	of Birth		Email:	
Vehicles Year Make Model Color License Plate # State	Drivers License #:		State	Issued:		Expiration Date:	
Vehicles Year Make Model Color License Plate # State	Vehicles that will be narked (on nramicae:					
Fenant 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 DOB Annual Occupation Income Applicant Income Applic	-	•	Mode	al a	Color	License Plate	# State
LIST OTHERS WHO WILL RESIDE IN APARTMENT (Occupants 18 years of age or older must be signatory to Rental Agreement. To 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 DOB Annual Occupation Income Applicant Information: RESENT ADDRESS: Breet	Tour	Muno	mou	.	00:01	Licondo i lato	
APPLICANT INFORMATION: RESENT ADDRESS: Rent or Own Dates Monthly Payment Andior/Lender Address PREVIOUS ADDRESS: Rent or Own Dates Monthly Payment Andior/Lender Address PREVIOUS ADDRESS: Street Apt. # City State Zip Monthly Payment Apt. # City State Zip Monthly Payment Andior/Lender Address PREVIOUS ADDRESS: Street Suite # City State Zip Monthly Payment Annual Salary Phone # Supervisor Suite # City State Zip Monthly Payment Annual Salary Phone # Supervisor Suite # City State Zip Monthly Payment Annual Salary Previous Employment Date Occupation Monthly Payment Street Suite # City State Zip Monthly Payment Annual Salary Phone # Supervisor Street Zip Monthly Payment Annual Salary Phone # Supervisor Street Zip Monthly Payment Annual Salary Phone # Supervisor Street Zip Monthly Payment							
APPLICANT INFORMATION: RESENT ADDRESS: Rent or Own Dates Monthly Payment Andior/Lender Address PREVIOUS ADDRESS: Rent or Own Dates Monthly Payment Andior/Lender Address PREVIOUS ADDRESS: Street Apt. # City State Zip Monthly Payment Apt. # City State Zip Monthly Payment Andior/Lender Address PREVIOUS ADDRESS: Street Suite # City State Zip Monthly Payment Annual Salary Phone # Supervisor Suite # City State Zip Monthly Payment Annual Salary Phone # Supervisor Suite # City State Zip Monthly Payment Annual Salary Previous Employment Date Occupation Monthly Payment Street Suite # City State Zip Monthly Payment Annual Salary Phone # Supervisor Street Zip Monthly Payment Annual Salary Phone # Supervisor Street Zip Monthly Payment Annual Salary Phone # Supervisor Street Zip Monthly Payment	Fanant danala will be issued	far all vahialas lista	d above. Ve	hiolog mot li	مطالتين و اممام		he cubicat to touring
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 fortion. Will there be any other occupants in the apartment? Yes / No If yes, please list below: Full Legal Name Soc. Sec. # Relationship to DOB Annual Occupation Income PRESENT ADDRESS: PRESENT ADDRESS: Apt. # City State Zip Monthly Payment Apt. # City State Zip Monthly Payment Phone # Zip Monthly Payment Ph	enant decais will be issued	tor all venicles liste	a above. ve	enicies not ii	stea & witno	ut a required decai will	be subject to towing
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 fortion. Will there be any other occupants in the apartment? Yes / No If yes, please list below: Full Legal Name Soc. Sec. # Relationship to DOB Annual Occupation Income PRESENT ADDRESS: PRESENT ADDRESS: Parte	IST OTHERS WHO WILL RES	IDE IN APARTMENT	(Occupants	s 18 years of	age or older	must be signatory to R	ental Agreement. Th
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 Occupation Income APPLICANT INFORMATION: PRESENT ADDRESS: Breet Apt. # City State Zip Monthly Payment Landlord/Lender Name Phone # State Zip Monthly Payment Landlord/Lender Address PREVIOUS ADDRESS: Breet Apt. # City State Zip Monthly Payment Landlord/Lender Address PREVIOUS ADDRESS: Breet Apt. # City State Zip Monthly Payment Landlord/Lender Name Phone # Supervisor Street Suite # City State Zip Monthly Payment Landlord/Lender Address CURRENT EMPLOYER: Vame Phone # Supervisor Suite # City State Zip Monthly Payment Date Occupation Annual Salary Previous Employment Date Suite # City State Zip Monthly Payment Date Description Annual Salary Description Date Suite # City State Zip Monthly Payment Date Description Date Suite # City State Zip Monthly Payment Date Description Date Date Date Date Date Date Date Date							
Full Legal Name Soc. Sec. # Relationship to Applicant DOB Annual Occupation Income APPLICANT INFORMATION: PRESENT ADDRESS: Street Apt. # City State Zip Monthly Payment Annual Occupation Phone # Supervisor Annual Salary DTHER INCOME: PREVIOUS ADDRESS: CURRENT EMPLOYER: State Doccupation Dates Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Street Suite # City State Zip Monthly Payment Phone # Supervisor Mannual Salary Phone Mannual Salary DTHER INCOME:							
Full Legal Name Soc. Sec. # Relationship to Applicant DOB Annual Occupation Income APPLICANT INFORMATION: PRESENT ADDRESS: Street							
Applicant Income Applicant Income Applicant Information: PRESENT ADDRESS: Street Apt. # City State Zip	anoro bo any our		-paramont		уоо, р		
APPLICANT INFORMATION: PRESENT ADDRESS: Street	Full Legal Name	Soc. Sec. #	Relation	nship to	DOB	Annual	Occupation
APPLICANT INFORMATION: PRESENT ADDRESS: Street	_		Appl	icant		Income	-
PRESENT ADDRESS: Intreet							
PRESENT ADDRESS: Street Apt. # City State Zip							
PRESENT ADDRESS: Street Apt. # City State Zip	APPLICANT INFORMATION:						
Rent or Own Dates Monthly Payment							
Andlord/Lender Name	Street		Apt. #	City		State	Zip
PREVIOUS ADDRESS: Street Apt. # City State Zip							
PREVIOUS ADDRESS: Street Apt. # City State Zip	-					Phone #	
Apt. # City	_andlord/Lender Address						
Apt. # City	PREVIOUS ADDRESS:						
Rent or OwnDatesMonthly Payment			Apt. #	Citv		State	Zip
andlord/Lender Name	Rent or Own	Dates				Monthly Payment	
CURRENT EMPLOYER: NamePhone #SupervisorStreetSuite #CityStateZip							
Name							
Name							
Street	CURRENT EMPLOYER:						
Employment DateOccupationAnnual Salary PREVIOUS EMPLOYER: NamePhone #Supervisor StreetSuite #CityStateZip Employment DateOccupationAnnual Salary DTHER INCOME:	Name		Phone #			Supervisor	
PREVIOUS EMPLOYER: Name Phone # Supervisor Street Suite # City State Zip Employment Date Occupation Annual Salary OTHER INCOME:	Street		Suite #	City		State	Zip
Name	mployment Date	Occupa	ition			Annual Sala	ıry
Name	PREVIOUS EMPLOYER:						
Employment Date Occupation Annual Salary OTHER INCOME:			Phone #			Supervisor	
Employment Date Occupation Annual Salary OTHER INCOME:			Suite #	City_		State	Zip
OTHER INCOME:	Employment Date					Annual Sala	iry
Type of Income Gross Annual Amount	OTHER INCOME:		_				_
	Гуре of Income		Sour	ce		Gross Annual A	mount

RELATIVES/EMERGENCY CONTACT (NOT Name	KESIDING WITH YOU): Relationshin	Phone #	
NameAddress NameAddress	City	State	Zip
Name	Relationship	Phone #	
Address	City	State	Zip
This is to inform you that as part of our proceinformation is obtained through personal inteincludes information as to your character, ger report. Applicant acknowledges that this application or to deliver occupancy of the process.	rviews with your landlord, employer, neral reputation, personal characteristi- ication is preliminary only and involv	or others with whom you are accs, mode of living, credit repor	equainted. This inquiry t and criminal background
Have you ever been evicted from your home	anartment? If Ves evnlain		
Have you ever been evicted from your home/ Has a judgment ever been filed against you fo Do you have a police record? If Yes, explain Have you ever been arrested and/or convicted	or non-payment of debts or rent? If Ye	es, explain	
Have you ever been arrested and/or convicted	of a misdemeanor, felony or a sexual	l offense? If Yes, explain	
BY SIGNING THIS APPLICATION, YOU DECLANDLORD OR ITS AGENT TO VERIFY THIS BACKGROUND CHECKS AND ANY OTHER UPON DISCOVERY OR DETERMINATION, II ABOVE ARE FALSE OR MISLEADING, LANIFEES AND DEPOSITS. FALSE OR MISLEADING HOUSE INTO AN APARTMENT CONSTITUT MAY TERMINATE THE LEASE AT LANDLOR INFORMATION MAY ALSO CONSTITUTE FRAUTHORITIES.	INFORMATION THROUGH REFERE MEANS AVAILABLE TO THE LANDLON LANDLORD OR ITS AGENTS SOLE DLORD OR ITS AGENT MAY REJECT DING INFORMATION THAT BECOME ES A BREACH OF THE LEASE BY THE D'S OR ITS AGENT'S DISCRETION A	INCE CHECKS, CREDIT CHEC DRD OR ITS AGENT. DISCRETION, THAT ANY OF I THE APPLICATION AND APPLICATION AND APPLICATION AND APPLICANT OR TENANT AND COLLECT DAMAGES. FA	KS, CRIMINAL THE STATEMENTS MADE LICANT WILL FORFEIT ALL ICANT IS APPROVED OR HA ND LANDLORD OR ITS AGEN LLSE OR MISLEADING
APARTMENT RENTAL RATE, FEES AND DE THE DATE OF APPLICATION. APPLICATIONS ARE NORMALLY PROCESS			,
WITH APPROVED CREDIT.	SED WITHIN 24 HOURS (MON - FRI)). A SECURITY DEPOSIT IS RE	EQUIRED ON ALL LEASES,
UPON APPROVAL, THE \$100.00 APPLICAT GIVEN IF THE APPLICATION IS DENIED BA DELIVER ADDITIONAL REQUIRED SECURIT FORFEITED AND THE UNIT BEING HELD W	SED ON CREDIT. UPON NOTIFICATI TY DEPOSIT TO THE LANDLORD OR	ON OF APPROVAL THE APPLICATION OF APPROVAL THE APPLICATION OF THE APPL	ICANT HAS 72 HOURS TO
IN ORDER TO HOLD AN APARTMENT, THE BE SUBMITTED. EACH MUST BE SUBMIT ACKNOWLEDGES AND AGREES THAT THE LANDLORD OR ITS AGENT IN THEIR ACCO BEEN APPROVED AND THE APARTMENT HE SECURITY DEPOSIT WILL BE APPLIED TOVANDLORD OR ITS AGENT WILL NOT BE HEXCESSIVE DAMAGES TO THE APARTMEN	TED WITH SEPARATE MONEY ORDE SECURITY DEPOSIT AND ALL FEES UNT. IF AN APPLICANT FAILS TO M IAS BEEN HELD FOR THE APPLICAI WARDS DAMAGES SUFFERED BY TI ELD RESPONSIBLE FOR DELAYS CA	ER OR CASHIER CHECK. THE PAID WITH THIS APPLICATION OVE-IN FOR ANY REASON AF NT, THE ENTIRE AMOUNT OF HE LANDLORD. TENANT ACK	EAPPLICANT ON WILL BE HELD BY TER THE APPLICATION HAS THE APPLICATION FEE ANI (NOWLEDGES THAT
APPLICANT ACKNOWLEDGES THAT LANDI	LORD AND ITS AGENT ADVISES TEN	IANTS TO HAVE RENTER'S IN	SURANCE PRIOR TO MOVIN
APPLICANT ACKNOWLEDGES THAT LANDI THEIR DUTIES.	LORD AND ITS AGENT COOPERATES	S WITH LAW ENFORCEMENT	OFFICIALS IN EXECUTION (
		D	pate
Signature	Print Name		
			eate
Signature	Print Name	u	/alc
Address Of Apartment & Unit # to Reserve	e Mo. I	Rent Security	Deposit

FORMS DISK: APPLICATION FOR CREDIT, Rev. 11/07, 09/08, 09/11, 12/18

Date to Reserve Unit_