## **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.

APPLICANT:							
Name: (Last)	(Firs	t)		_ (MI)	Phone #:		
Social Security #:		Date of	Birth:	Email:			
Drivers License #:		State I	ssued:	E	Expiration Date:		
Occupation							
Employer					Phone		
		· ··					
Co-Applicant (Last)		(First)		(MI)	Phone #:		
Social Security #				Email:			
					Expiration Date:		
Occupation				Gross Annual Income			
mployer Super				visor Pnone			
Vehicles that will be parked	on premises:						
Vehicles Year	Туре	Model		Color	License #	State	
Tenant decals will be issued	for all vehicles liste	d above. Ve	hicles not li	sted & withou	t a required decal will	be subject to towing.	
maximum number of occupa approved applicants and occ action. Will there be any oth	upants listed below	constitutes	a breach of	f the Lease and			
Full Legal Name	Soc. Sec. #	Relation Appli	•	DOB	Annual Income	Occupation	
APPLICANT INFORMATION: PRESENT ADDRESS:							
Street							
Rent or Own							
Landlord/Lender Name Landlord/Lender Address					_ Phone #		
PREVIOUS ADDRESS: Street					State	Zin	
Rent or Own					Monthly Payment		
Landlord/Lender Name					one #		
Landlord/Lender Address							
CURRENT EMPLOYER:							
Name							
Street					State		
Employment Date	Positio	n			Annual Salary_		
PREVIOUS EMPLOYER:							
Name		Phone #			Supervisor		
Street		Suite #	City		Supervisor State	Zin	
Employment Date	Pocitio				State		

OTHER INCOME: Type of Income	Source	Gross Annual	Amount
RELATIVES/EMERGENCY CONTACT (	NOT RESIDING WITH YOU):	Phone #	
Address	Relationship City Relationship City	State	Zip
Name	Relationship	Phone #	
Address	City	State	Zip
information is obtained through personal includes information as to your character report. Applicant acknowledges that this application or to deliver occupancy of the state o		or others with whom you are accies, mode of living, credit report yes no obligation of the Landlord	quainted. This inquiry and criminal background or its Agent to approve this
Has a judgment ever been filed against	nome/apartment? If Yes, explainyou for non-payment of debts or rent? If Yes	es, explain	
Do you have a police record? If Yes, ex	plain	, r	
Have you ever been arrested and/or con	plain victed of a misdemeanor, felony or a sexua	l offense? If Yes, explain	
MAY TERMINATE THE LEASE AT LAN INFORMATION MAY ALSO CONSTITU AUTHORITIES.  APARTMENT RENTAL RATE, FEES AN THE DATE OF APPLICATION.	TITUTES A BREACH OF THE LEASE BY THE DLORD'S OR ITS AGENT'S DISCRETION AT THE FRAUD OR ANOTHER CRIMINAL OFF NO DEPOSITS ARE BASED ON THE RATES  CESSED WITHIN 24 HOURS (MON – FRI	AND COLLECT DAMAGES. FAI ENSE AND WILL BE REPORTE S IN EFFECT AS OF THE START	SE OR MISLEADING D TO THE APPROPRIATE DATE OF THE LEASE, NOT
WITH APPROVED CREDIT.	·	•	
GIVEN IF THE APPLICATION IS DENIE DELIVER ADDITIONAL REQUIRED SE	LICATION DEPOSIT WILL BE APPLIED TO ED BASED ON CREDIT. UPON NOTIFICAT CURITY DEPOSIT TO THE LANDLORD OR ILD WILL BE MADE AVAILABLE TO OTHE	ION OF APPROVAL THE APPLICAT ITS AGENT OR THE APPLICAT	CANT HAS 72 HOURS TO
BE SUBMITTED. EACH MUST BE SUI ACKNOWLEDGES AND AGREES THAT LANDLORD OR ITS AGENT IN THEIR A BEEN APPROVED AND THE APARTM SECURITY DEPOSIT WILL BE APPLIE	THE APPLICATION FEE, APPLICATION IN THE APPLICATION IN BMITTED WITH SEPARATE MONEY ORDING THE SECURITY DEPOSIT AND ALL FEES ACCOUNT. IF AN APPLICANT FAILS TO MENT HAS BEEN HELD FOR THE APPLICAD TOWARDS DAMAGES SUFFERED BY THE BEHELD RESPONSIBLE FOR DELAYS COMMENT CAUSED BY PRIOR TENANT.	ER OR CASHIER CHECK. THE AS PAID WITH THIS APPLICATION IOVE-IN FOR ANY REASON AFT NT, THE ENTIRE AMOUNT OF THE LANDLORD. TENANT ACK	APPLICANT N WILL BE HELD BY ER THE APPLICATION HAS HE APPLICATION FEE AND NOWLEDGES THAT
APPLICANT ACKNOWLEDGES THAT LINTO AN APARTMENT.	ANDLORD AND ITS AGENT ADVISES TEN	NANTS TO HAVE RENTER'S INS	URANCE PRIOR TO MOVIN
APPLICANT ACKNOWLEDGES THAT L THEIR DUTIES.	ANDLORD AND ITS AGENT COOPERATE	S WITH LAW ENFORCEMENT (	OFFICIALS IN EXECUTION O
		Da	ite
Signature	 Print Name		

FORMS DISK: APPLICATION FOR CREDIT, Rev. 11/07, 09/08, 09/11 Page 2 of 2  $\,$ 

Address Of Apartment & Unit # to Reserve\_

Signature

Date to Reserve Unit\_

Print Name

\_ Date\_

\_ Mo. Rent \_\_\_\_\_\_ Security Deposit\_