

Collegiate Commons Application for Residence

PERSONAL INFORMATION

Name of Applicant: _____ Phone: (____) _____

Local North Carolina Address (*when at school*): _____

City/State/Zip: _____

Permanent Address (*when not at school*): _____

City/State/Zip: _____

SS #: _____

Date of Birth: _____

Present Employer: _____

Employer's Phone: (____) _____

Supervisor's Name: _____

Monthly Gross Income: _____

RESIDENCE HISTORY

Name of Present Landlord,

Apartment Community, Mortgage Company: _____ Phone: (____) _____

Name of Previous Landlord,

Apartment Community, Mortgage Company: _____ Phone: (____) _____

CRIMINAL BACKGROUND

1. Have you ever been charged with or plead guilty or "no contest" to a felony (whether or not resulting in a conviction)?

Yes

No

2. Have you ever been charged with or plead guilty or "no contest" to a misdemeanor involving violence or sexual misconduct (whether or not resulting in conviction)?

Yes

No

EMERGENCY CONTACT INFORMATION:

In case of emergency, Notify: _____ Relationship: _____

Phone: (____) _____

Email: _____

VEHICLE INFORMATION (*If you will be parking on the premises, please provide the following information*):

Make of car: _____ Year: _____ License Plate #: _____ State: _____

Driver's License #: _____ State: _____

A \$195.00 Co-signer Waiver fee is required for all applications without an approved co-signer.

I understand that this is a fee and is nonrefundable.

Acknowledgment

Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by any bank or savings and loan, employer (present or former), prior rental history and any Lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentation on this application will constitute a default under the lease or rental agreement between the parties.

PLEASE PRESENT PHOTO ID AT TIME OF APPLICATION

I have read and agree to all provisions of this application.

Signature of Applicant: _____

Date: _____



Office Use Only
Referral _____

Date _____