

**Rental Application for
Chimneys Apartments
1630 Delane Avenue
Charlotte, North Carolina 28211
704-365-2035 Phone / 704-365-9288 Fax**

Please print legibly and complete in full

APPLICANT'S NAME (Full legal name must appear on lease):

LAST	FIRST	FULL MIDDLE	MAIDEN NAME
DRIVER'S LICENSE #	STATE	DATE OF BIRTH	SOCIAL SECURITY #

SPOUSE OR CO-APPLICANT (Full legal name; anyone 18 years or older must complete separate application):

LAST	FIRST	FULL MIDDLE	MAIDEN NAME
DRIVER'S LICENSE #	STATE	DATE OF BIRTH	SOCIAL SECURITY #

PERSONS OTHER THAN APPLICANT(S) TO OCCUPY APARTMENT:

LAST	FIRST	FULL MIDDLE	DATE OF BIRTH	RELATIONSHIP
LAST	FIRST	FULL MIDDLE	DATE OF BIRTH	RELATIONSHIP
LAST	FIRST	FULL MIDDLE	DATE OF BIRTH	RELATIONSHIP

RESIDENTIAL HISTORY – LAST 3 YEARS (attach separate sheet, if needed):

CURRENT ADDRESS	CITY	STATE	ZIP	PHONE #	MOVE IN DATE
LANDLORD/MORTGAGE CO.	PHONE#			\$	RENT/MORTGAGE AMT
REASON FOR LEAVING				LEASE EXPIRATION DATE	

PREVIOUS ADDRESS	CITY	STATE	ZIP	MOVE IN & MOVE OUT DATES	
LANDLORD/MORTGAGE CO.	PHONE#	\$		RENT/MORTGAGE AMT	REASON FOR LEAVING

PREVIOUS ADDRESS	CITY	STATE	ZIP	MOVE IN & MOVE OUT DATES	
LANDLORD/MORTGAGE CO.	PHONE#	\$		RENT/MORTGAGE AMT	REASON FOR LEAVING

EMPLOYMENT HISTORY – LAST 3 YEARS (attach separate sheet, if needed):

CURRENT EMPLOYER	SUPERVISOR	YOUR POSITION		MONTHLY SALARY
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ADDRESS	CITY	STATE	ZIP	PHONE#	DATE OF HIRE
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PREVIOUS EMPLOYER	SUPERVISOR	YOUR POSITION		MONTHLY SALARY
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ADDRESS	CITY	STATE	ZIP	PHONE#	DATE HIRED & DATE LEFT
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PREVIOUS EMPLOYER	SUPERVISOR	YOUR POSITION		MONTHLY SALARY
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ADDRESS	CITY	STATE	ZIP	PHONE#	DATE HIRED & DATE LEFT
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OTHER INCOME OR EMPLOYMENT:

SOURCE/COMPANY	CONTACT/TITLE TO VERIFY	PHONE #	AMT OF MONTHLY INCOME
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VEHICLE INFORMATION:

MAKE	MODEL	YEAR	COLOR	TAG#	STATE
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MAKE	MODEL	YEAR	COLOR	TAG#	STATE
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DO YOU OWN A: CAMPER _____ BOAT _____ TRAILER _____ (LIST TRUCK OR MOTORCYCLE ABOVE)

IN CASE OF EMERGENCY, LIST TWO CONTACTS OTHER THAN SPOUSE OR CO-APPLICANT:

NAME	ADDRESS	PHONE#	RELATIONSHIP
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NAME	ADDRESS	PHONE#	RELATIONSHIP
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YOUR CONTACT PHONE NUMBER(S) BETWEEN 8:00AM -5:00PM: _____

MARITAL STATUS/CHILD SUPPORT/CHILD CARE

ARE YOU (PLEASE CHECK ONE): SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____

IF SEPARATED OR DIVORCED, HOW LONG? _____ FROM WHOM? _____

DO YOU PAY OR RECEIVE CHILD SUPPORT? _____ AMT \$ _____ CHILD CARE? _____ AMT? _____

FROM/TO WHOM PAID	ADDRESS	CITY	STATE	ZIP	PHONE#
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HOW DID YOU HEAR ABOUT US?:

NEWSPAPER AD _____ APT GUIDE _____ YELLOW PAGES _____ DRIVE BY _____ INTERNET _____ OTHER _____

REFERRED BY RESIDENT/FORMER RESIDENT (NAME/APT#, IF KNOWN) _____

COMMENTS OR OTHER PERTINENT INFORMATION YOU WISH TO BE CONSIDERED:

VERY IMPORTANT -- ALL APPLICANTS READ BEFORE SIGNING:

I AGREE TO PAY A \$25.00 NON-REFUNDABLE FEE TO HAVE THIS APPLICATION PROCESSED WHETHER IT IS APPROVED OR NOT. I UNDERSTAND THAT UPON THE APPROVAL OF MY APPLICATION, THE SECURITY DEPOSIT MUST BE PAID TO RESERVE AN APARTMENT. THE FIRST MONTH'S RENT IS DUE PRIOR TO MY TAKING POSSESSION OF THE APARTMENT. IF I CANCEL OR FAIL TO EXECUTE MANAGEMENT'S USUAL RENTAL AGREEMENT ON OR BEFORE THE STATED OCCUPANCY DATE OR REFUSE TO OCCUPY THE PREMISES ON THE AGREED UPON MOVE IN DATE, I AGREE THAT MY DEPOSIT WILL BE HELD UNTIL MANAGEMENT DETERMINES THE EXPENSES AND/OR RENT LOSS DUE TO MY CANCELLATION. THESE COSTS WILL BE DEDUCTED FROM MY DEPOSIT AND THE BALANCE, IF ANY, WILL BE REFUNDED TO ME.

IT IS UNDERSTOOD THAT THIS IS AN APPLICATION FOR A LEASE AND DOES NOT CONSTITUTE A LEASE. WHEN ACCEPTED AND SUPPLEMENTED WITH A WRITTEN LEASE AGREEMENT, THIS APPLICATION BECOMES A PART OF MY LEASE. I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS COMPLETED AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SHOULD ANY OF THIS INFORMATION BE INCORRECT, I UNDERSTAND THAT YOU RESERVE THE RIGHT TO REFUSE TO RENT TO ME AND EVEN CANCEL MY LEASE.

I AUTHORIZE ANY INQUIRIES NEEDED TO VERIFY THE INFORMATION HEREIN. AN AGENT FOR SAMSON PROPERTIES, LLC WILL MAKE AN INVESTIGATIVE REPORT AND PRESENT IT TO MANAGEMENT FOR REVIEW. THE REPORT MAY INCLUDE A CRIMINAL BACKGROUND SEARCH AND A CREDIT REPORT. **BY SIGNING THIS DOCUMENT, I HEREBY RELEASE ANY AND ALL PERSONS, COMPANIES, AGENCIES OR OTHERS FROM LIABILITY RESULTING FROM MY BACKGROUND INVESTIGATIONS.**

SIGNATURE OF APPLICANT _____ DATE _____