

PREFERRED PROPERTY MANAGEMENT CONSULTANTS, LLC

Ph: 910-850-5551/910-916-0017

preferredpropmgmt@gmail.com

Date: _____ Phone #: _____ Desired Move-in Date: _____

How did you hear about us? _____ Agent: _____

Property Applied for: _____

APPLICANT'S FULL NAME: _____

Social Security Number: _____ Driver's License #: _____ State: _____

Current Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Most Recent Rental Address (If different from above): _____

Landlord (Property Mgmt) Name: _____ Phone #: _____

Name Lease was Under: _____ Monthly Rent: _____ Rent from _____ to _____

Reason For Moving: _____

Employer Name: _____ Supervisor Name: _____

Supervisor Phone #: _____ Dates of Employment: _____ to _____ . Hrly _____
Salary__

(If current employment is less than 1 year) Please provide the following employment:

Prior Employer Name: _____ Supervisor Name: _____

(Military) Branch: _____ Assigned Unit: _____ Unit Address: _____
Rank: _____

1st Sgt or Commander Name: _____ Phone # _____

CO APPLICANT'S FULL NAME: _____

Social Security Number: _____ Driver's License #: _____ State: _____

Current Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Most Recent Rental Address (If different from above): _____

Landlord (Property Mgmt) Name: _____ Phone #: _____

Name Lease was Under: _____ Monthly Rent: _____ Rent from _____ to _____

Preferred Property Management Consultants, LLC offers Equal Housing Opportunity and does not discriminate based on Race, Color, Religion, Sex, Handicap, Familial Status or National Origin.

Reason For Moving: _____

Employer Name: _____ Supervisor Name: _____

Supervisor Phone #: _____ Dates of Employment: _____ to _____ Hrly Salary__

(If current employment is less than 1 year) Please provide the following employment:

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OCCUPANTS

Please note anyone over age 18 must fill out an application and be on the lease agreement as a leaseholder:

Occupant Name: _____ Relationship: _____ D/O/B: _____ Age: _____

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Total No. of Vehicles: _____

EMERGENCY CONTACT NAME: _____ Relationship: _____ Phone # _____

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Do you or other occupants own any pets? Y or N If yes, how many? _____

Type: _____ Breed: _____ Weight: _____ Age: _____

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Will you be using a Section 8 voucher? Y or N

I hereby make an application for a rental property and certify that this information is correct. I authorize you to contact any references that I listed. I also authorize you to obtain my consumer credit report from a credit reporting agency which will appear as an inquiry on my credit file. I also understand a criminal background check will be completed. It is mutually agreed that if the application is accepted, it will be attached to and become a part of the lease contract. A security deposit paid (money order only) shows "good faith" in renting a property and will remove the property from the market. The deposit will not be refunded if you shall decide to cancel the application and/or move in.

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Applicant Signature: _____ Date: _____

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Below this line is to be filled out by Property Manager only

Property Address: _____ Deposit Required: _____ Rental Rate: _____

Date of Move in: _____ Pets: Y or N Pet Deposit: _____

Date Application Received: _____ Rental Verification: _____

Credit Verification: _____

Employment Verification: _____

Application Status: Approved Denied Cancelled Date of Status: _____ Section 8: Y or N

Deposit Paid: \$ _____ Check/M.O.# _____ Date: _____