

**RL Patterson & Associates Inc**  
**1550 Industry Drive**  
**Burlington NC 27215**  
**Phone: 336-228-0769 Fax: 336-228-9553**  
**Web Site: www.rlpatterson.com Email: ron@rlpatterson.com**

**Rental Application**

Applicant's Full Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Moved In (month& year) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Moved In (month& year) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Your Status :  Employed full-time  Employed part-time  Disabled  Retired  Not Employed

Applicant Employer \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

Employer address \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Gross Income \_\_\_\_\_ (weekly, biweekly, monthly)

Co-Applicant Employer \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

Employer address \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Gross Income \_\_\_\_\_ (weekly, biweekly, monthly)

Names of all other occupants \_\_\_\_\_

\_\_\_\_\_ Total number of Occupants \_\_\_\_\_

Pets? \_\_\_\_\_ if yes how many & what kind \_\_\_\_\_

Auto make \_\_\_\_\_ Yr \_\_\_\_\_ Tag \_\_\_\_\_ Auto Make \_\_\_\_\_ Yr \_\_\_\_\_ Tag \_\_\_\_\_

I declare the above information is true and correct, authorize its verification, authorize the obtaining of a consumer report, understand the application fee(s) of **\$20.00** will not be refunded for any reason and agree to the terms of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_