

# CHESSON

## PROPERTY MANAGEMENT

2403 WEST NASH STREET ▪ WILSON, NC 27896

PHONE (252) 206-5401 ▪ FAX (252) 291-3683

MATTHEW@CHESSONAGENCY.COM

## RENTAL APPLICATION

### APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:

- All information filled out completely
- Copy of Driver's License & Social Security card
- Non-refundable Application fee - \$30.00- Certified Funds ONLY
- Each additional application is \$20.00
- Proof of income : pay stub, bank statement, or tax return
- Photo of pet (certificate of vaccinations will be needed upon acceptance)

**ALL OF OUR PROPERTIES ARE NON-SMOKING**

*Thank you for your interest in renting with Chesson Property Management.  
Your application will be processed in a timely manner and  
we will be in contact with you soon.*



# RESIDENTIAL RENTAL APPLICATION

Paid: \$ \_\_\_\_\_

Property Address	Date of Application
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## Applicant Information

Last Name	First	Middle	Jr./Sr./III	
Date of Birth	SSN	Driver's License #	State	Expires
Cell Phone	Home Phone	Email Address	Maiden or Former Name	

## Applicant Residency History

Current Address	Move In Date:	Lease Expires:		
City	State	Zip	Rent or Own?	Monthly Payment?
Landlord Name	Landlord Phone	Reason for Leaving?		
Previous Address	Move In Date:	Move Out Date:		
City	State	Zip	Rent or Own?	Monthly Payment?
Landlord Name	Landlord Phone	Reason for Leaving?		

## Co-Applicant Information

Last Name	First	Middle	Jr./Sr./III	
Date of Birth	SSN	Driver's License #	State	Expires
Cell Phone	Home phone	Email Address	Maiden or Former Name?	

## Co-Applicant Residency History

Current Address	Move In Date:	Lease Expires:		
City	State	Zip	Rent or Own?	Monthly Payment?
Landlord Name	Landlord Phone	Reason for Leaving?		
Previous Address	Move In Date:	Move Out Date:		
City	State	Zip	Rent or Own?	Monthly Payment?
Landlord Name	Landlord Phone	Reason for Leaving?		

## Other Occupants

(LIST NAMES OF ALL PERSONS UNDER 18 WHO WILL OCCUPY THE UNIT. ALL APPLICANTS 18 OR OVER MUST COMPLETE A SEPARATE APPLICATION.)

Full Name of Minor	Relationship
Full Name of Minor	Relationship
Full Name of Minor	Relationship
Full Name of Minor	Relationship

## Pets

Do You Have Any Pets?	Are All Pets Current w/Vaccinations?	
Type	Weight lbs.	Breed
Type	Weight lbs.	Breed

## Emergency Contacts

Name of Family Member	Relationship	Phone #	Email
Address	City	State	Zip
Name of Family Member	Relationship	Phone #	Email
Address	City	State	Zip

## Employment Information

Applicant's Employer	Start Date	Monthly Income	Phone #
Employer Address	City	State	Zip
Co-Applicant's Employer	Start Date	Monthly Income	Phone #
Employer Address	City	State	Zip

## Other Income to Consider

Alimony/Child Support	\$	Name & Address of Payer:
Social Security	\$	Description of Benefits:
Retirement	\$	Name or Source of Payments:
Public Assistance	\$	Name of Assistance Program:
Other	\$	Describe:

## Automobile

<b>Vehicle 1:</b>	Year	Make	Model
	Color	License Tag	State County
<b>Vehicle 2:</b>	Year	Make	Model
	Color	License Tag	State County

Describe any other vehicle, motorcycle, trailer or boat you intend to store or park at the property:

## Mandatory Screening Questions

1) Have you ever been evicted or a defendant in an eviction action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Have you ever filed for bankruptcy, or are you currently in the process of filing bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Do you owe any other landlords a balance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Have you ever been asked to move because of a lease violation of any kind?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Have you ever been convicted of a Felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If So, What Charge & Date of Offense:
6) Have you ever been convicted of a Misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If So, What Charge & Date of Offense:

EACH APPLICANT MUST ATTACH A COPY OF THEIR DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION TO THIS APPLICATION, IN ORDER FOR IT TO BE PROCESSED.

## AUTHORIZATION TO RELEASE CONSUMER INFORMATION

Each person eighteen (18) years of age or older must complete and sign an application. If a co-signer is necessary, the co-signer must also complete and sign an application, or guarantor form. \$\_\_\_\_\_ Non-refundable processing fee (per applicant) will be collected with this application, in order to process the consumer reports on each applicant.

Tenancy will be denied if any information is misrepresented on this application. If misrepresentations are found after the rental agreement is signed, your rental agreement will be terminated immediately, and you will be asked to leave the property. We verify your current and past employment, your current and past rental and eviction history, run a full credit report, and review all criminal records within the last 20 years on a nationwide scale. All applicants are processed without regard to race, color, religion, sex, handicap, familiar status or national origin.

This is to advise that I, the undersigned, hereby authorize Resident Research, LLC, acting as the landlord's designated screening organization for the above-referenced rental property, to obtain a consumer credit report from any or all 3 credit bureaus, conduct a nationwide criminal records search, and a nationwide eviction search, to determine eligibility for tenancy and assessing credit worthiness.

Signature of Applicant	Print Applicant Name	Date Signed
Signature of Co-Applicant	Print Co-Applicant Name	Date Signed

**This application MUST be signed by ALL members  
of household 18 years of age and older.**

By signing below applicant authorizes management and staff to verify any agencies, local police departments, credit bureaus, references and groups or organizations to obtain any information or materials, which are deemed necessary to complete this application.

Applicant certifies that all information in this application is true and correct and understands that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

The Chesson Property Management may use this authorization and the information obtained with it, to administer and enforce rules and policies related to the rental property owned and/or managed by the above named organization.

I authorize the above named organization to obtain information about me or my family that is pertinent to the rental property owned and/or managed by the organization.

I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The government agencies include: U.S.; Office of Personal Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Information Covered Inquiries:

Child care expenses	Federal/state/local benefits
Credit history	Criminal activity
Handicapped assistance expenses	Identity and marital status
Family composition	Social security numbers
Employment/income/pension/assets	Residence and rental history

Individuals/Organizations that may release information:

Banks and other financial institutions	Utility companies
Courts	Welfare agencies
Law enforcement agencies	Credit bureaus
Employers, present and past	Landlords
Schools and colleges	U.S. social security <u>Administration</u>
U.S. departments of Veterans affair	
Providers of: Alimony, Credit, Child Care, Child Support, Handicapped Assistance	

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ (applicant)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ (co-applicant)