

# CHALK & GIBBS

**INSURANCE AND REAL ESTATE**

*Families Serving Families Since 1925*

## RENTAL APPLICATION

Applicant Name: \_\_\_\_\_  
Smoker (yes or no) \_\_\_\_\_ Pets? \_\_\_\_\_ If so, what type \_\_\_\_\_

Property Address Applying for: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ SS # \_\_\_\_\_ Phone: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Occupants:  
Name Birthdate SS# Relationship

\_\_\_\_\_  
\_\_\_\_\_

### **Need at least 5 years of Addresses & Employment**

#### Addresses

1. **Present:** \_\_\_\_\_  
Street Address

City state county zip  
Length of stay: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Landlord's Name & Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for move: \_\_\_\_\_

2. **Previous:** \_\_\_\_\_  
Street Address

City state county zip  
Length of stay: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Landlord's Name & Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for move: \_\_\_\_\_

3. **Previous:** \_\_\_\_\_  
Street Address

City state county zip  
Length of stay: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Landlord's Name & Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reason for move: \_\_\_\_\_

**Employment:**

1. **Present:** \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ # Years Employed: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer Address: \_\_\_\_\_

2. **Previous:** \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ # Years Employed: \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Additional Income (Name Source and How to Verify)

\_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_

Do you own any Recreational Vehicles? \_\_\_\_\_ If so, what? \_\_\_\_\_

Type of vehicle    Year    License #    Loan Holder    Monthly Pmt.

\_\_\_\_\_

\_\_\_\_\_

**Open Credit Accounts:**

Firm: \_\_\_\_\_ Account: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:** (List at least 2)

Name                      Relationship                      Address                      Phone

Name                      Relationship                      Address                      Phone

**Personal References:** (List at least 2)

Name                      Relationship                      Address                      Phone

Name                      Relationship                      Address                      Phone

Is there anything negative that might show up on your credit, criminal, or past landlord history reports? \_\_\_\_\_

Applicant understands the penalties for false or willfully omitted information can result in eviction or rejection of application. Applicant hereby certifies that the information provided on this application is true and correct. Each prospective occupant over the age of 18 must submit a separate application. Once approved and applicant pays their security deposit, the deposit will be non-refundable if applicant cancels before lease starts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



P.O. Box 26140  
Greensboro, NC 27410  
www.firstpointresources.com

Name (First, Middle, Last): \_\_\_\_\_ Gender: Male/Female

Maiden name (If Applicable): \_\_\_\_\_

Current address: \_\_\_\_\_ How Long? \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1<sup>st</sup> Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # and State Issued: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

*I authorize Rentfacts, A FirstPoint Resource, to obtain my present and previous residence information, as well as any current and previous employment information. This includes any salary or other pertinent information that may assist in completing my rental application. I further authorize Rentfacts to verify my credit history and perform a criminal record search.*

*Further, I authorize my current and former employers as well as other organizations to provide such information.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

*California, Minnesota & Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, investigative Report, or Credit Report on me that is requested.  Yes  No

\*\*\*\*\*  
Property Name: Chalk and Gibbs, Inc RENT\_01245

Requestor Name: \_\_\_\_\_

- |                                  |                              |
|----------------------------------|------------------------------|
| _____ Social Security Trace      | _____ County Criminal Search |
| _____ Evictions Multi-State      | _____ Evictions Single State |
| _____ Multi-State Criminal Index | _____ NC Statewide Criminal  |
| _____ Rental History             | _____ Rental Credit          |
| _____ Statewide Criminal Check   | _____ VA Statewide Criminal  |



For fax orders please fax this form to 1-800-888-3487

P.O. Box 26140  
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