

THE ROGERS GROUP, INC.

4783 Raleigh Road - P.O. Box 527
Kittrell, NC 27544
252-492-9385/252-492-6571 fax
www.rentnc.net

APPLICATION FOR RENTAL PROPERTY

Applicants must be at least 21 years old.

APPLICATION FEE \$20.00 (nonrefundable) NO PERSONAL CHECKS ACCEPTED
Income Verification & Fee must accompany all applications

Location of rental property: _____

How did you hear about The Rogers Group, Inc. (Please check one)

_____ Current Tenant - Name: _____
_____ Newspaper Ad _____ Rent Sign
_____ Other (Please specify): _____

NOTE: APPLICATIONS WILL NOT BE ACCEPTED ON A "FIRST COME, FIRST SERVED BASIS". THIS PROPERTY IS MANAGED BY A LICENSED REAL ESTATE BROKER REPRESENTING HIS INTEREST AND/OR THOSE OF THE LANDLORD OF THE REAL PROPERTY. **NO REFUNDS GIVEN AFTER 24 HOURS ON SECURITY DEPOSITS TO HOLD PROPERTY.**

Amount now paying per month for rent or house payments: _____

PLEASE PRINT

Have you or any member of your household ever lived with Rogers & Rogers or The Rogers Group, Inc. in the past? _____yes _____no

If yes, Address & Dates: _____

Applicant's Full Name: _____ **Soc. Sec#:** _____

Home Telephone #: _____ Work Telephone #: _____

Mobile Telephone #: _____ Email: _____

Co-applicant's Full Name: _____ **Soc. Sec#:** _____

Home Telephone #: _____ Work Telephone #: _____

Mobile Telephone #: _____ Email: _____

Co- Applicants Current Address: _____

LIST RESIDENCE HISTORY

Address: _____ City: _____ State: _____ Zip: _____

How long at present address?: _____ Why moving?: _____

Landlord's name: _____ Phone #: _____

Former Address: _____ City: _____ State: _____ Zip: _____

How long at former address: _____ Why moved?: _____

LIST YOUR EMPLOYMENT HISTORY FOR THE LAST FOUR (4) YEARS

Applicant's Current Employer: _____ How long employed: _____
Address: _____ City: _____
Position/Job description: _____ Monthly take home pay: _____
Supervisor's name: _____
Other Income: _____
Applicant's Former Employer: _____ Dates employed: _____
Phone #: _____ Address: _____ City: _____
Position/Job description: _____ Monthly take home pay: _____

CO-APPLICANT'S INFORMATION

Co-Applicant's Employer: _____ How long employed: _____
Address: _____ City: _____
Position/Job description: _____ Monthly take home pay: _____
Other Income: _____

TELEPHONE NUMBERS IN CASE OF EMERGENCY

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Closest relative: _____ Phone #: _____

LIST ALL VEHICLES OWNED

Vehicles	Made/Model/Year	License #/State
1. _____		
2. _____		

LIST ALL PERSONS WHO WILL BE LIVING WITH YOU

Name	Sex	Age	Soc. Sec.	Full Time Student Please Check
1. _____				____ yes ____ no
2. _____				____ yes ____ no
3. _____				____ yes ____ no
4. _____				____ yes ____ no
5. _____				____ yes ____ no
6. _____				____ yes ____ no

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been evicted from any residence? () yes () no
2. Have you every willfully and intentionally refused to pay rent when due? () yes no ()
3. Do you know of anything which may interrupt income or ability to pay rent?
4. Have you ever filed a petition of bankruptcy? () yes () no
5. If divorced are you obligated to pay child support or alimony? () yes ()no
How much? _____
6. Do you have a criminal record? () yes () no

APPLICANT AUTHORIZES PRESENT AND PAST LANDLORDS AND EMPLOYERS, BANK, CREDIT REFERENCES, PERSONAL REFERENCES, AND ANY OTHER PERSON TO RELEASE INFORMATION REGARDING APPLICANT'S CREDIT, RENTAL, AND EMPLOYMENT HISTORIES TO THE ROGERS GROUP, INC. A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL. THIS AUTHORIZES RELEASE OF APPLICANT'S 50058 INFORMATION.

Date: _____

Applicant's Signature

Date of Birth

Co- Applicant's Signature

Date of Birth

EMPLOYMENT/INCOME VERIFICATION

The Rogers Group, Inc. has my permission to verify my income. Date: _____
Signature of applicant: _____ Print Name: _____

Information may be faxed back to The Rogers Group, Inc. (252)492-6571. If you have any questions, please call our office at 252-492-9385. Thank you in advance for your prompt attention.

Sincerely,



President
The Rogers Group, Inc.

The following to be completed by Employer:

Employer's Name: _____

Employer's Address: _____

Beginning date of employment: _____

Hourly Rate \$ _____ Weekly Pay \$ _____ No. of hours per week _____

Biweekly Rate \$ _____ Monthly \$ _____

Overtime: Average per Day \$ _____ Weekly \$ _____ Month \$ _____

Employer's Signature

Date

Title

Telephone Number

Other Income: Weekly \$ _____ Monthly \$ _____ Yearly \$ _____

Specify source of income: _____