



Current Phone _____
Email _____

Properties Address _____
Date: _____

NOTICE TO APPLICANTS

We Do Not allow known Drug Dealers and Individuals Participating in Criminal Activities to Rent any of our units. If you are approved for a rental unit, and we as the Landlord/property manager/owner, later discover that you are a narcotic's user or dealer, we will immediately report you to the appropriate authorities. We will also willingly participate in testifying against you and submit any information you give us on your application as evidence. Please be aware that Law Abiding Tenants occupy our Units and are aware of the types of activity that signal the presence of drug dealers and have been instructed to contact us immediately upon discovery of any and all illegal activity.

Full Name (Including Middle, Sr., Jr., II, III, etc.) _____
Maiden Name (If Applicable) _____ Social Security No. _____
Date of Birth _____ Driver's License No. (Including State) _____
Current Address _____ City/State/Zip _____
Date Moved In _____ Rent Amount _____ Week or Month (Circle One)
Current Landlord's Name _____ Phone No (_____) _____
Landlord's Address _____ City/State/Zip _____
Reason for Moving _____

References (Not A Relative & Not Listed Above.)

Name _____ Relationship _____ Phone No. (_____) _____

In Case of Emergency, Please Notify the Following Person:

Name _____ Relationship _____ Phone No. (_____) _____
Address _____ City/State/Zip _____

Others to Occupy the Apartment Including All Children

NAME	SOCIAL SECURITY NO	DATE OF BIRTH	RELATIONSHIP

Employment

Present Employer _____ Supervisor's Name _____
Address _____ City/State/Zip _____
Phone No (_____) _____ Employed Since (Date) _____ Salary \$ _____ Week or Month

Other Income

Source of Income _____ Amount \$ _____ Week or Month (Circle One)

Bills Owed (Child Support, Car Payment, Charge Cards, etc.)

Debt Type _____ Amount Owed \$ _____ Payments \$ _____ Week or Month
Debt Type _____ Amount Owed \$ _____ Payments \$ _____ Week or Month

Vehicles

Automobile Make/Model _____ Year _____ Color _____ License Plate Number _____ State _____



What types of pets do you own? _____

Have you ever been brought to Court by a Landlord ? **Yes/ No** Had a Summary Ejectment Brought against you? Yes No If Yes, please explain completely with all information - _____

Have you ever filed Bankruptcy? Yes No Have you ever had a Judgement filed against you? Yes No

The following authorizes that: Credit reports may be obtained from any consumer reporting agency, verification of my rental history may be obtained from landlords, property management companies, or any other service or sources which could attest to my creditability, suitability and worthiness to rent housing accommodations. The following also warrants and represents that all statements contained herein are true and correct to their knowledge and belief. If any statement or writing contained herein is not true, or applicant chooses to withdraw this application for any reason, the deposit will be applied to rent or actual damages sustained by the owner, except that the deposit will be fully refunded if this application is not accepted by the owner for reasons other than listed above. In addition, if you are approved for a rental unit, you authorize the landlord/property manager/owner can report your name to the appropriate Consumer Credit Reporting Agency as the occupant of this dwelling unit. This application may also be released to any company, agency or service upon their request.

Photo Identification is Required & Mandatory at time of Application.

Legal Signature: _____ **Date :** _____

Co-Signer Signature:----- **Date:**-----

Do Not Write Below This Line

For Use By Landlord/Property Manager/ Owner

Name _____

Address _____

City/State/ Zip _____
DOB _____ Height _____
Weight _____
Hair Color _____ License No _____
State _____ Expiration _____

• Date Received:

Driver's License or State ID
Current Landlord Acceptable Not
Acceptable

• Employment
Acceptable Not Acceptable

• Prior Employment
Acceptable Not Acceptable

• Application Fees Received:



CAROLINA INVESTIGATIVE RESEARCH, INC.
106 D Fountain Brook Circle, Cary, NC 27511
(919) 460-7799, fax (919) 460-5338

In connection with my application for rental property with **SAFE HARBOUR PROPERTIES**, I understand the company may now, or at any time while I am renting, conduct an investigative consumer report containing information on my character, general reputation, personal characteristics, or mode of living. I hereby release my landlord and CAROLINA INVESTIGATIVE RESEARCH, INC., their officers, employees, and agents, from any liability and responsibility arising from the preparation of said report or investigations relating thereto. I am aware I have a right to request, from CAROLINA INVESTIGATIVE RESEARCH, INC., the nature and scope of the investigative report.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation, and past conduct. I authorize and request all persons, schools, businesses, corporations, credit bureaus, and law enforcement agencies to release such information without restriction or qualification. I understand checking the credit bureau will post an inquiry to my Trans Union Peer report. I authorize the release of a copy of my motor vehicle records.

I voluntarily waive all recourse and release them from liability for complying with this authorization. I understand that a Photostat copy of this Authorization will be considered effective and as valid as an original.

CA, OK, MN residents initial here if you wish a free copy of this report mailed to the address you supplied: _____
CA, OK, & MN residents may also receive a copy of their Credit Report by initializing the box _____

REQUIRED DATA - Please print clearly

Full Name: _____
Last First Middle

Maiden/Other: _____ Dates Used: _____

Social Security Number: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Present Address: _____ How _____
Street City State Zip long at address:

List additional addresses for the past 7 years. (Use additional pages if needed)

Prior Address: _____ How _____
Street City State Zip long at address:

Prior Address: _____ How _____
Street City State Zip long at address:

Prior Address: _____ How _____
Street City State Zip long at address:

Prior Address: _____ How _____
Street City State Zip long at address:

Date Print Name Signature