



Rental Application

Brown Heights Properties/ Bill Brown & Son Apartments
285 Hwy. 105 Ext. Boone, NC 28607
Office: (828) 264-1713
Fax: (828) 262-5399

Applicant

Full Name (including nickname): _____

Social Security #: _____ - _____ - _____ D.O.B: ____/____/_____

Email: _____ **Cell Phone:** () _____ - _____

Driver's License #: _____ Vehicle Make: _____
Model: _____ Year: _____
Color: _____ License Plate # _____
State Registered: _____
Name of Primary Parent: _____ Parent's Home Phone: () _____ - _____

Property Interested in: ___ Brown Heights 2BR 2BA
(Check One) ___ Brown Heights 1BR
 ___ Bill Brown & Sons 2BR 1BA

New Roommate: _____

Request Move-In Month: May _____ August _____ December _____ January _____

Request: Furnished _____ Unfurnished _____

Rental History

Current Management Company: _____
Complex/Apartment Name: _____
Current Address: _____ Apt #: _____
Dates with this Management Company: Move In _____ Move out _____
Reason for Leaving: _____

Landlord/Manager: _____ Phone #: () _____ - _____

Previous Management Company: _____
Complex/Apartment Name: _____
Current Address: _____ Apt #: _____
Dates with this Management Company: Move In _____ Move out _____
Reason for Leaving: _____

Landlord/Manager: _____ Phone #: () _____ - _____

Employment / School Information

Your Status: Employed Y N Full Time _____ Part Time _____
Student Y N Full Time _____ Part Time _____

Place of Employment: _____ City/State: _____
Phone: () _____ - _____ Supervisor: _____
Dates Employed at this Job: _____

Position/Title: _____

Major: _____ Projected Graduation Date: _____
Activities (Sports, Clubs, Fraternities, Sororities, Band, etc.): _____

Miscellaneous

Do you smoke? Y N
Have you ever: Been Sued? Y N Filed for bankruptcy? Y N
Been Evicted? Y N

Been accused of or convicted of any legal violations?
(Please include any filed complaints/pending charges) Y N

Explain any "yes" listed above: _____

Parents Info:

Father's Name (Print): _____
Address _____ City _____ State _____ Zip _____
Home Phone# () _____ - _____ Work Phone # () _____ - _____
Cell Phone # () _____ - _____ Email: _____
Employed By: _____ Position: _____

Mother's Name (Print): _____
Address _____ City _____ State _____ Zip _____
Home Phone# () _____ - _____ Work Phone # () _____ - _____
Cell Phone # () _____ - _____ Email: _____
Employed By: _____ Position: _____

Important Info:

I understand the \$100.00 (per person) Application/Processing fee is non-refundable and is a onetime fee in addition to the Security Deposit and monthly rent. Both my roommate and I agree to make an appointment to come into the rental office to sign the leasing contract with management within two weeks of completing this application.

The Security Deposit and remaining paperwork will be due 2 weeks from today. Please be organized and make sure you have completed the following before you come in for your scheduled appointment:

Read, sign and date

- 1. Rules and Regulations** (Read only do not print out)
- 2. Leasing contract** (Read only do not print out)
- 3. Have the Parental Guarantee form completed Signed and Notarized**
- 4. Have the Security deposit with you**

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, credit bureaus, court records, current and previous landlords and employers.

I give permission for Management to give a copy of all of my information to my roommate, his or her parents/cosigners if collection/legal assistance is needed.

Signature: _____

Print: _____

Date: ____/____/____

**Remember, the Parental Guarantee Form must have all information including parents social security #'s, be signed and notarized (No exceptions).*