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Winterville, NC 28590

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WHITEBRIDGE APARTMENTS RENTAL APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Monthly income:

EMERGENCY CONTACT

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

OTHER INCOME

List Source of other income:

Amount of Alimony and or Child support

Received?

Pay?

RENTAL REFERENCES

Name:

Address:

Phone:

VEHICLES

Make & Model

Year

License

PERSONAL REFERENCES

Name:

Address:

Phone:

CO-APPLICANT INFORMATION

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?
CO-APPLICANT EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	(Please circle)
		Monthly income	
CO-APPLICANT EMERGENCY CONTACT			
Name of a person not residing with you:			
Address:			
City:	State:		ZIP Code:
			Phone:
Relationship:			
I declare that the statements above are true and correct. I authorize the verification of the information provided on this form as to my credit, employment and criminal background check.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

PLEASE PROVIDE A COPY OF A CURRENT DRIVER LICENSE FOR EACH APPLICANT

Additional Occupants		
Name:	Relationship to Applicant/Co-Applicant	Age