

Walt Perry Realty Inc.
1661 Walkup Ave., Suite B, Monroe, NC 28110
(704) 283-8181 || www.waltperryrealty.com



RESIDENTIAL RENTAL APPLICATION

Thank you for your interest in one of our residential rental properties. Please accurately enter ALL required information on the following pages. Any falsified information will lead to the immediate rejection of this application.

Once finished, please email the following (as applicable) to daniel@waltperryrealty.com:

- Completed application for EACH applicant
*EVERY individual who will be contributing to fees/bills/rents MUST EACH submit a separate application. In addition, there is a separate section for non-contributing co-habitants over the age of 18.
- Copy of applicant's driver's license or state I.D., front AND back
- Copy of each co-habitant over the age of 18's driver's license(s) or state I.D.(s), front AND back
- Paystubs for the past two months
- Vaccination records for all pets or assistance animals

You may also submit your application in person. Our office address is above, and our hours of operation are 9 am to 5 pm, Monday through Friday.

If you need help saving the completed application, we advise consulting your search engine to see the necessary steps for your device. In most cases, you will "Print," then choose "Print to PDF" as your printer. The option to save the document will pop up from there.

Decisions are made, in general, within 3 to 5 business days of running your background check(s).

Application Fee:

The application fee is **\$40 PER APPLICANT and PER CO-HABITANT OVER THE AGE OF 18**. This fee is used to cover background check and credit check fees. We accept and approve applications on a first-come, first-served basis. Therefore, we only run your background check if you are the first applicant in line for the property. If an applicant ahead of you is approved, we will contact you to issue a refund of the application fee.

We accept checks, money orders, and cash. Checks should be made to Walt Perry Realty Inc. If you cannot submit the application fee in person, you may mail it to the address above. **Until the fee is received, your background check will not be run, and this application is considered incomplete.**

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TODAY'S DATE: _____

PROPERTY ADDRESS: _____

BASIC INFORMATION

Personal Information

First Name: _____ M.I. ____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Email: _____ Driver's License or State I.D. Number: _____

Social Security Number: _____

Emergency Contact

First Name: _____ M.I. ____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Email: _____ Relationship: _____

Residence History

Address: _____

Prop. Manager Name: _____ Prop. Manager Phone Number: _____

Monthly Rent: \$ _____ Dates of Residence: _____

Reason for Moving: _____

*If less than one year at current residence, please fill out below for where you lived prior:

Address: _____

Prop. Manager Name: _____ Prop. Manager Phone Number: _____

Monthly Rent: \$ _____ Dates of Residence: _____

Reason for Moving: _____

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Primary Employment

***Please submit your last two pay stubs (for all jobs) along with your application.**

Company Name: _____ Company Phone Number: _____

Company Address: _____

Starting Month and Year: _____ TAKE-HOME (net, not gross) MONTHLY Income: \$ _____

Secondary Employment

Company Name: _____ Company Phone Number: _____

Company Address: _____

Starting Month and Year: _____ TAKE-HOME (net, not gross) MONTHLY Income: \$ _____

CO-APPLICANT NAMES (IF APPLICABLE)

Please list the first AND last names of all individuals who will also be submitting an application (those who will be contributing to fees/rent/bills) so that we may keep your files together. Please note that EACH applicant MUST submit their own separate application. *There is a separate section to list co-habitants over the age of 18 who will NOT be contributing to fees/rent/bills.

1. _____
2. _____
3. _____

SMOKING

Most landlords will refuse applicants who smoke tobacco/vapes/e-cigarettes/any other inhalant that produces vapor or smoke. However, this is an individual decision of the landlord and not an automatic means for rejection.

Do you use tobacco/vapes/e-cigarettes/inhalants that produce vapor/smoke? Yes___ No___

CO-HABITANT(S) OVER THE AGE OF 18 INFORMATION

Only for those who will be living in the same location who are NOT expected to contribute to fees/bills/rents—not to overlap with co-applicant information.

*If more than 3 co-habitants, please submit another copy of this page with their information.

Co-Habitant 1

First Name:_____ M.I. ____ Last Name:_____

Phone Number:_____ Secondary Phone Number:_____

Email:_____

Driver's License or State I.D. Number:_____

Co-Habitant 2

First Name:_____ M.I. ____ Last Name:_____

Phone Number:_____ Secondary Phone Number:_____

Email:_____

Driver's License or State I.D. Number:_____

Co-Habitant 3

First Name:_____ M.I. ____ Last Name:_____

Phone Number:_____ Secondary Phone Number:_____

Email:_____

Driver's License or State I.D. Number:_____

Please identify ALL pets' species, breeds, names, and ages INCLUDING exotic animals. Each landlord has their own pet preferences, so we cannot guarantee that your application would be approved or denied based on this information. In addition, you must supply proof that all animals are up to date on their vaccinations. You may also have your vet email these records to daniel@waltperrealety.com.

*Please note: If your disability is not readily apparent, you must submit a statement from your medical health provider stating the need for an assistance animal. Please see <https://www.ncrealtors.org/the-truth-about-assistance-animals/> for supplemental information.

[illegible]

SUPPLEMENTAL INFORMATION

Though not mandatory, this is your opportunity to provide further information you believe may be relevant to your application. This section could be helpful if your current living/employment situation is unique and if you anticipate discrepancies in any background checks.

APPLICANT SIGNATURE

By signing this residential lease application, I, (First and Last Name) _____, certify that all information submitted is accurate to the best of my knowledge. I authorize the lessor or their authorized agent to verify the preceding information and make necessary inquiries, authorizing the release of information contained in this application or sought by such inquiries. I understand and accept that any falsified information will lead to the immediate rejection of this application. If the lessor or their authorized agent accepts this application, I agree to execute a lease of the property in the form exhibited to me by the lessor or their authorized agent. I also agree to pay a security deposit equal to one month's rent and any pet deposits before occupation of the property.

Full Printed Name

Signature

Date

CO-HABITANTS OVER THE AGE OF 18 MUST SIGN ON THE FOLLOWING PAGE.

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CO-HABITANT(S) OVER THE AGE OF 18 SIGNATURE(S)

By signing this residential lease application, the below party(ies) certify that all information submitted is accurate to the best of their knowledge. They authorize the lessor or the lessor's authorized agent to verify the preceding information and make necessary inquiries, authorizing the release of information contained in this application or sought by such inquiries. The party(ies) below also understand and accept that any falsified information will lead to the immediate rejection of this application.

First Co-Habitant Over the Age of 18

Full Printed Name

Signature

Date

Second Co-Habitant Over the Age of 18

Full Printed Name

Signature

Date

Third Co-Habitant Over the Age of 18

Full Printed Name

Signature

Date