## iDeal Property Management Group, LLC

214 East Arlington Blvd, Greenville NC 27858

Phone (252)756-8488

Fax (252)756-8483

## **RENTAL APPLICATION**

Date:	-de-mande	OFFICE USE ONLY		
			Approved	Denied
Address Requested: Date of Expected Occupancy:			Amount of I	Deposit Required :
Preferences:			Amount of L	eposit required.
ALL APPLICANTS MUST PROVIDE A S	TATE ISSUED BUOTO ID S	COCIAL SECTIOITY CADI	A DROOF OF INCOME W	THE CHRMISSION OF T
PPLICATION. PLEASE ALLOW 24 HOT ***********************************	OURS FOR APPLICATION 3	O BE PROCESSED		
APPLICANT INFORMATION	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	<i>ቚቚቚቚቝቝ</i> ፞፞ቝኯኯኯኯኯኯኯኯኯኯ
Applicants Full Name	First	Middle		Last
Social Security #	Driver's Lic	cense #	State	Exp.
Current Phone Numbers		Date Of Birth		
Children's Names & Ages Living v	vith you	- makes		
ist any relatives / roommates who	will reside with you			
EMAIL Address :				
*********	******	*********	******	*****
RESIDENCY INFORMATION/HIS	TORY			
Please Circle one: Do you?	Rent Own -	Live with Parent	/ Relative / Friend	
•				
Current Address		City	State	Zip
Owner/ Management Company, if	renting		Phone #	
fow long at this address	Reason for leaving	57		
revious Address		City	State	Zip
Owner/ Management Company			Phone #	
low long at this address	Reason for leaving	g		
*******	******	********	******	******
MPLOYMENT INFORMATION				
sent Employer		Phone	:#	
ow long at job Position		Supervisors	Name	
mployers Address		City		State
et Monthly Income				

Other income, Please list source and amount							
STUDENTS ONLY (*Students and anyone under 21 years are required to have a signed Parental Guarantee Form)							
Parents Name							
Address	City, State, Zip						
Home Phone #	Cell#		Work #				
		*******	, , , , , , , , , , , , , , , , , , , ,				
PETS (A signed pet lease, \$ 200 non-refundable pet deposit & small monthly fee is required if property desired allows pets)  Do you have any pets If yes, How many							
Type Bre	eed	Weight	Are Vaccinations Current Are Vaccinations Current				
**************************************							
		Color	State/License Plate #				
i caiiviake	Model	C0101	State/Litetise Flate #				
Year Make	Model	Color	State/License Plate #				
********	*******	*******	************				
MANDATORY SCREEN	NING QUESTIONS						
	icted or a defendant in an ev		76 77 10				
2.) Do you owe any other	landlords/property mgmt. co	ompanies money?	If yes, How much? If yes, explain				
J.) Have you ever been as	ted to move because of any	Killid Of Icase Violation:	11 yes, explain				
4.) Do you smoke?							
5.) Do you have Renter's I	nsurance?	If yes nlease explain					
5.) Do you have Renter's Insurance?  6.) Have you ever been convicted of a felony?  If yes please explain							
*******	******	******	**********				
In Case of Emergency Pl	ease Notify						
Name		Relationship	Phone #				
Address							
******	*******	*******	***********				
I understand that the ea	mplation of this applicati	on does not insure that il	Deal Property Management Group IIC or its				
I understand that the completion of this application does not insure that iDeal Property Management Group, LLC, or its agents are under any obligation to approve the application or to guarantee occupancy of the proposed premises and that							
I am under no obligation to lease the premises.							
** Approved applications require that a security deposit be received within 72 hours to secure your property. **							
I verify that all information is true, accurate, and complete to the best of my knowledge. I hereby authorize iDeal Property Management Group LLC, its owners, and/or agents to confirm and verify all information provided on this application; to obtain a credit report, criminal background history, employment verification, and rental verifications.							
A non-refundable application fee of \$\frac{\$40.00}{}\$ is required to process this application. Money order only.							
Print Name	<del></del>	Signature	Date				