

10130 Mallard Creek Rd. Suite 300 Gharlotte, N.C. 28262 Office: 704-944-5501 Fax: 704-944-5503

E fax: 704-973-9513

Email Address: _____ (optional)

Application Equal Housing Opportunity

OTHER OCCUPANTS (EXCLUDE CO-APPLICANT, IF APPLICABLE)

Name	Relationship	Age
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Are you Section (8?) NoYe	s (If yes, what type & amoun	nt approved for)
Do you have any pets? No	Yes What type?F	low many pets total?
Smoking NoYes		
Have you ever been convicted of	a felony? No Yes (If ye	es; Please explain)
		···
PLEASE GIVE RESIDENTIAL H	ISTORY (LAST 3 YEARS)	
Current Address		
Month/Year Moved In	Rent \$	
Reason for Leaving		
Phone ()	Address	
Previous Address (Last 3 years)		
Time resided there	Rent \$	
Reason for Leaving		
	Address	
Have you ever been evicted? No	Yes (If yes, please ex	olain)

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Your Current Status: Full Time Part Time Student Unemploy Employer Address Position
Dates employed
Dates employed
Supervisor Name
Salary \$
If you have other sources of income that you would like us to consider, please list income, so and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in application. Amount \$ Source/Contact Name
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Amount \$Source/Contact NameAddress
Amount \$ Source/Contact Name
Address AUTHORIZATION Release of Information I/We agree to permit an investigation of my credit, tenant history and employment for the purposes of renting a housing unit with this owner/manager. I/We hereby direct you to release such information upon request of the bearer. I/We understand that the information released is official use and may be disclosed to such third parties of Carod Properties, LLC, as deemed
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record custodians, from any/all liability for damages of whatever kind or nature, which may at time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicate below.
Name (Please print) Telephone
Signature Date
Name (Please print) Telephone