



1009 Fir Place, Suite D

ShadowGroupRE.com

PO Box 41229, Greensboro, NC 27404 Ph: 336-852-7886
 sales@shadowgroupre.com Fx: 336-852-7896

For an Appointment, call Barbara at 382-2272.

TENANT LEASE APPLICATION

\$25 Application Fee

(Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.)

PERSONAL	Full Name: _____ Phone: _____ DOB: _____
	Spouse: _____ Phone: _____ DOB: _____
	Current Address: _____ City: _____ St: _____ Zip: _____
	SS# _____ DL # _____ State: _____ Exp: _____
PREVIOUS	Current Landlord: _____ Phone: _____
	How long at this address? _____ Reason for leaving: _____
	Previous Address: _____ City: _____ St: _____ Zip: _____
	Previous Landlord's Name: _____ Phone: _____
EMPLOYMENT	Employer: _____ Position: _____ Mo. Income: _____
	Address: _____ City: _____ St: _____ Zip: _____
	Phone: _____ How long at job? _____ Other income/source? _____
REFERENCES	Name: _____ Yrs. Known: _____ Relationship: _____ Phone: _____
	Name: _____ Yrs. Known: _____ Relationship: _____ Phone: _____
	Name: _____ Yrs. Known: _____ Relationship: _____ Phone: _____
OTHER	Auto Yr _____ Make: _____ Model: _____ State/ Lic Plate: _____
	Bank: _____ Branch: _____ Type of Account: _____
	Bank: _____ Branch: _____ Type of Account: _____
	Number and type of Pets: _____ Have you ever been party to an eviction? [] Yes [] No
	Total number of adults: _____ Total number of children living with you under the age of 18: _____
	Names and relations of all other applicants: _____
SIGNATURE	I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above. I understand that any deposit money I submit to hold an apartment is non-refundable.
	Signature: _____ Date: _____