

TENANT APPLICATION FOR LEASED PROPERTY

Official Business Name: _____

Trade Name: _____ How Long Operated: _____

Official Address: _____ Phone: _____

City: _____ State: _____ Zip _____ How Long _____

Personal:

Name: _____ Birth Date: _____
First Middle Last

Social Security #: _____ Driver's Lic.# _____

Spouse: _____ Birth Date: _____
First Middle Last

Social Security# _____ Driver's Lic.#: _____

Present Address: _____ Phone: _____

_____ How Long: _____
City State Zip

RENTING: _____ OR OWN _____ (CHECK ONE)

Previous Address: _____ How Long: _____

_____ City State Zip

Employment:

Position: _____ How Long: _____

Address: _____ Phone: _____

Supervisor: _____ Monthly Income: _____

Spouse Employed by: _____ How Long: _____

Address: _____ Phone: _____

Supervisor: _____ Monthly Income: _____

References: Bank: _____

Contact: _____ Checking Account#: _____

Savings Account#: _____ Loan Account #: _____

I/We certify that the above is true to the best of my/our knowledge. It is understood that the information provided above will be used in evaluating this lease for execution by the Landlord. The signature(s) below authorize Bagwell Properties, Inc. to perform a credit history check on applicant(s).

Signature of Applicant Date

Signature of Applicant Date

IF JOINT ACCOUNT, BOTH ACCOUNT HOLDERS MUST SIGN.

PERSONAL REFERENCES

Please list name, address and phone number of three personal references. Two family members (separate households, please) and one friend are preferred.

1. _____
2. _____
3. _____

BUSINESS REFERENCES

Please list business name, address, phone number and contact name for two business references.

1. _____

2. _____

Please return this tenant application to:

Bagwell Properties, Inc.
P.O. Box 1700
Garner, NC 27529

FAX 919-772-7350

Email: bcole@bagwellproperties.com

Thank you.