

**CHAMBERS REALTY**  
**102 Circle Dr., Salisbury, NC 28144**  
**Business (704)637-1020, Fax (704)6378020**  
**brenda@chambersrealtync.com**

**Applicant Information (Please Print Clearly)**

Apartment Location:		Desired move in date:	
Holding Fee \$	( NON REFUNDABLE )	Security Deposit \$	( NON REFUNDABLE FOR DAYS OFF RENTAL MARKET )
<b>Note: the holding fee will be applied to your security deposit once lease is signed.</b>			
Application date:		APPLICATION/CREDIT FEE: \$25.00 (NON-REFUNDABLE)	
Name:		Additional occupants over 16, \$10 each for back ground check	
Date of Birth:	SS#:	D.L.#:	
Phone #:	Emergency contact name & number:		
Current Address:		How Long at this address?	
Tag#:	State:	Total number of people to live in the apartment	Relationship? _____ Pets? _____ type _____

**CURRENT LANDLORD**

Name:		
Phone#:	Monthly payment:	Arrears:

**PREVIOUS LANDLORD**

Name:		Address	
Phone#:	Monthly payment:	Arrears:	

**CURRENT Employment Information**

Current employer:			
Employer address:			Employment date?
Phone:	FAX:	Social Sec.or Disability Income:	
City:	State:	ZIP Code:	
Position:	Hourly Rate:	F/T OR P/T	Salary Annual income:

**PREVIOUS EMPLOYER**

EMPLOYER:	How Long?
ADDRESS:	
PHONE:	
CITY/STATE:	ZIP CODE
HOURLY Rate:	F/T OR P/T SALARY ANNUAL INCOME

**Additional Occupant Information (Roommate, Husband, Wife Etc...)**

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

**Additional Occupant Employment Information**

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Rate	F/T OR P/T	Salary Annual income:

I hereby give permission to Chambers Realty LLC to inquire about and receive any information from persons, employers, businesses, former landlords, credit bureaus, criminal background reporting services, police, SBI, FBI, department of corrections, sex offender registry, work performance and personal conduct. I hereby authorize release of such information to any manager of Chambers Realty LLC as attested by my signature below. I also acknowledge that the holding fee is nonrefundable and a prorated amount of the security deposit will be kept for days unit is off the rental market should I not sign a lease.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ must be 18 to sign.  
 NAME: (additional occupant) \_\_\_\_\_ DATE: \_\_\_\_\_ must be 18 to sign  
 Use the contact information on top to fax, email, mail or deliver the application.