



DATE RECEIVED: _____

501 Eastowne Drive, Ste 140
Chapel Hill, NC 27514
(919) 928-5131 fax (919)-246-9499
PMG@teamjodi.com

RENTAL APPLICATION

Rental Address: _____ Move-in Date: _____

APPLICANT

Name: _____
(First) (Middle) (Last)

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ Driver's License #: _____ State: _____

Current Address: _____ City: _____ State _____ Zip: _____

Current Rent(if applicable): _____ Present Landlord: _____ Phone: _____

EMPLOYMENT/STUDENT HISTORY

Are you employed? (check one) Yes _____ No _____

If employed: Employer _____ Position _____ How Long _____

Address: _____ Supervisor _____ Phone _____

Income: \$ _____ per () Hour () Week () Month () Year Other Income(if any): _____

Are you a student? (check one) Yes _____ No _____ If so, who will pay your rent? _____

Relationship to you: _____ Contact Phone : _____ Email: _____

SPOUSE

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security #: _____ - _____ - _____ Cell Phone: _____ E-mail _____

Is Spouse Employed: (check one) Yes _____ No _____

If employed: Employer _____ Position _____ How Long _____

Address: _____ Supervisor _____ Phone _____

Income: \$ _____ per () Hour () Week () Month () Year Other Income(if any): _____

Are you a student? (check one) Yes _____ No _____

OTHER OCCUPANTS

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____



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PET INFORMATION

Do you have any pets? (check one) Yes___ No___

If yes: Cat(s) #___ Age(s)___ Weight(s)___ Declawed (check one) Yes___ No___

Dog(s) #___ Age(s)___ Weight(s)___ Breed(s)_____

Other pets? (check one) Yes___ No___ Type of pet(s)_____

*******IF YOU DESIRE A PET AFTER YOU MOVE IN, YOU MUST GET WRITTEN PERMISSION FROM TEAM JODI PROPERTY MANAGEMENT GROUP BEFORE BRINGING THAT PET INTO YOUR RENTAL PROPERTY. ADDITIONAL DEPOSITS OR FEES MAY APPLY DEPENDENT ON THE PROPERTY OWNER.**

VEHICLE INFORMATION

1) Make/Model:_____ Year:_____ Color:_____ License Plate#_____ State:_____

2) Make/Model:_____ Year:_____ Color:_____ License Plate#_____ State:_____

EMERGENCY INFORMATION

In case of emergency, please contact: _____ Relationship: _____

Home Phone:_____ Cell Phone:_____ E-mail: _____

Street Address:_____ City:_____ State:_____ Zip: _____

OTHER INFORMATION

Please read and initial your acknowledgement and understanding of the following:

1-No pets are allowed unless agreed to and written in the Lease Agreement. ____

2-If there is more than one person on the lease, you are all JOINTLY responsible for rent and lease terms. ____

3-If one roommate moves or defaults, the others become totally responsible for rent and lease terms. ____

4-The security deposit is not to be used as last month's rent. It is a damage deposit, returnable only if the lease period and terms are fulfilled and the property is left in good, clean, condition. ____

5-Each applicant will fill out a separate application unless married and be listed on the lease. ____

AUTHORIZATION

*I authorize Team Jodi Property Management group to obtain my present and previous residence information as well as any current and previous employment information. I further authorize Team Jodi Property Management Group to verify my credit history and perform a criminal record search. I understand that the information will only be used in the processing of my rental application. I will submit the required **non-refundable application fee of \$45 and \$20 for each additional occupant** payable to: Team Jodi Property Management Group.*

APPLICANT SIGNATURE:_____ **DATE:**_____

SPOUSE'S SIGNATURE:_____ **DATE:**_____