

UNIVERSITY PLACE AND SEVIER STREET APARTMENTS

P.O.BOX 8728
Asheville, NC 28814
(828) 231-4979

ccandjapartments@yahoo.com

RENTAL APPLICATION

Community Applying For: _____ Requested Move-In Date: _____

First Name: _____ Middle: _____ Last: _____

SSN: _____ Drivers License: _____

Date of Birth: _____ Cell #: () _____ Home#: () _____

School Email: _____ alternative email _____
(if applicable)

Current Address: _____

City _____ State: _____ Zip: _____

Landlord: _____ Phone # () _____

How long? From: _____ To: _____ Current Payment: _____

Reason for Leaving: _____

Previous Address: _____

City _____ State: _____ Zip: _____

Landlord: _____ Phone # () _____

How long? From: _____ To: _____ Current Payment: _____

Reason for Leaving: _____

Current or Previous Employment: _____

Street Address: _____

City _____ State: _____ Zip: _____

Supervisor: _____ Phone # () _____

How long? From: _____ To: _____

Monthly Income: _____

List ALL proposed occupants

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Parent or Guardian Information:

Name: _____ Address: _____

Email: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Cell: () _____ Home: () _____

Name: _____ Address: _____

Email: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Cell: () _____ Home: () _____

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PROPOSED PET (if applicable):

Name: _____ Breed: _____
Type: _____ Color: _____
Age: _____ Weight: _____

PERSONAL REFERENCE (no relatives)

Name: _____ Address: _____
Email: _____ City: _____ State: _____ Zip: _____
Relationship: _____ Cell: () _____ Home: () _____

Name: _____ Address: _____
Email: _____ City: _____ State: _____ Zip: _____
Relationship: _____ Cell: () _____ Home: () _____

EMERGENCY CONTACT

In case of emergency, name and address of two nearest relatives not living with you:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Phone Number: () _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Phone Number: () _____

CO-SIGNOR INFORMATION (all applicants must have a co-signer-parent or grandparent)

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Phone Number: () _____
Email: _____ Cell Phone : () _____

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APPLICANT QUESTIONNAIRE/AUTHORIZATION

(CIRCLE ONE)

Has applicant ever been sued for bills?	YES	NO
Has applicant ever been bankrupt?	YES	NO
Has applicant ever been guilty of a felony?	YES	NO
Has applicant ever broken a Lease?	YES	NO
Has applicant ever been locked out of their apartment by the sheriff?	YES	NO
Has applicant ever been brought to court by another landlord?	YES	NO
Has applicant ever moved owing rent or damaged an apartment?	YES	NO
Is the total move-in amount available now (rent and deposit)?	YES	NO

THE FOREGOING INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. CC&J ENTERPRISES, INC. HAS MY PERMISSION TO INVESTIGATE PAST AND PRESENT EMPLOYMENT HISTORY, PERSONAL AND BANK REFERENCES AND ANY OTHER ITEMS OF INFORMATION SET FORTH IN THIS APPLICATION. COMPLETION OF THIS FORM DOES NOT GUARANTEE AN APARTMENT. ONLY WITH THE COMPLETION OF THIS FORM, THE SUBMISSION OF THE REQUIRED DEPOSIT AND APPROVAL BY THE OWNER WILL THE POTENTIAL RENTERS BE GUARANTEED AN APARTMENT. THE DEPOSIT TO HOLD AN APARTMENT IS NON-REFUNDABLE EVEN IF THE POTENTIAL LEASER DOES NOT OCCUPY THE APARTMENT. EACH TENANT MUST PROVIDE A COPY OF HIS/HER DRIVER'S LICENSE BEFORE THE LEASE IS SIGNED.

THIS APPLICATION IS SUBJECT TO APPROVAL AND ACCEPTANCE BY CC&J ENTERPRISES, INC. EACH TENANT MUST FILL OUT AN APPLICATION.

Signature: _____

Date: _____

CO-SIGNER APPLICATION

(Co-Signer Must be Parent or Grandparent)

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

CO-SIGNER #1

First Name: _____ Middle: _____ Last: _____

SSN: _____ Drivers License: _____ DOB: _____

Cell#: () _____ Phone #: () _____ Email: _____

Current Address: _____

City _____ State: _____ Zip: _____

Employer: _____ # Years Employed: _____

Employer Address: _____

City _____ State: _____ Zip: _____

Work Phone: _____ Position: _____

Supervisor Name: _____ Annual Wages: _____

Do you own or Rent? _____

CO-SIGNER #2 (If applicable)

First Name: _____ Middle: _____ Last: _____

SSN: _____ Drivers License: _____ DOB: _____

Cell#: () _____ Phone #: () _____ Email: _____

Current Address: _____

City _____ State: _____ Zip: _____

Employer: _____ # Years Employed: _____

Employer Address: _____

City _____ State: _____ Zip: _____

Work Phone: _____ Position: _____

Supervisor Name: _____ Annual Wages: _____

Do you own or Rent? _____

By submitting this application, the applicant(s) gives permission for the Landlord or its agent to investigate any and all information supplied herein, and a full disclosure of pertinent facts may be made to Landlord. Applicant understands that the approval process will possibly include a review of credit history. Furthermore, the undersigned declares that the information provided on this application is true and correct and that false statements of information may result in the ejection of this and future applications for housing managed by CC&J Enterprises, Inc. The applicant agrees to execute a written lease within 30 days of notification by Landlord that this application has been approved and understands that until a written lease is executed, a bedroom will not be reserved.

Co-Signer Signature: _____ Date: _____

Co-Signer Signature: _____ Date: _____

RESIDENT PROFILE

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First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Cell #: () _____

Email: _____

Major: _____

(PLEASE CIRCLE)

Sex: Male Female

Classification:

Sophomore Junior Senior Grad Other

- | | | |
|---|-----|----|
| <input type="checkbox"/> Do you smoke? | Yes | No |
| <input type="checkbox"/> Are you willing to live with a smoker? | Yes | No |
| <input type="checkbox"/> Do you drink? | Yes | No |
| <input type="checkbox"/> Are you willing to live with a drinker? | Yes | No |
| <input type="checkbox"/> Are you ok with Co-ed roommates? | Yes | No |
| <input type="checkbox"/> Are you proposing to have a pet live with you? | Yes | No |

If Yes, what type of pet? _____

- | | | |
|---|-----|----|
| <input type="checkbox"/> Do you like pets? | Yes | No |
| <input type="checkbox"/> Are you willing to live with someone else's Pet? | Yes | No |

Rank with 1 being the highest, the floor you prefer to live on.

UP 1st floor ____ 2nd floor ____ 3rd floor ____ SS 1st floor ____ 2nd floor ____

Please mark which applies:

Neat Freak ____ Kind of Messy ____ Super Sloppy ____

Study Habits:

Bookworm ____ Sometimes ____ Before a Test ____ Never ____

Are you a(n):

Early Bird ____ Night Owl ____

How do others consider you?

Wall Flower ____ In-between ____ Life of the Party ____

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What things interest you most? _____

How would you describe yourself? (Are you musically inclined, an artist, a gamer, athlete, etc.)

How do you spend your spare time? _____

What are your pet peeves? _____

What are your ideal roommates? _____

What school organizations and/or groups are you involved in? _____

Is there anything else we need to know about you? Tell us. _____

How did you hear about us? _____

FINANCIAL AID REFERENCE FORM

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(IF APPLICABLE)

I give my consent for _____ to provide information about my financial aid, scholarship, or grant.

Last Name: _____ First _____ Phone: _____

Signature: _____ Date: _____

Financial Aid Advisor Information

Last Name: _____ First _____ Phone: _____

Email: _____

What interval is the students financial aid disbursed? **(Circle One)**

Lump Sum, Per Semester, Weekly, Monthly,
Other _____

How are the students financial aid funds disbursed? **(Circle One)**

Check, Credit to account, check to parent, drafts to utilities and landlords,
other _____

Date(s) of disbursement: _____

Can we contact you, with the student's permission to inquire to the status of the student's financial aid if the date of the disbursement has passed and we have not yet received payment from them towards their rent?

Signature: _____ Date: _____

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(If applicable, if you have never rented do not fill out)

Please sign below to authorize that we may request your rental history from your former Landlord.

Applicant Name _____ Date of Residency: _____

Former Landlord Name or Address _____

Fax or Email _____

Signature _____ Date _____

A former Tenant of yours has submitted a Rental Application to Lease a property from us. In order to process this Rental Application, we would like to ask your cooperation by answering the questions below.

When did the Tenant move in and move out of the property?

Move In: _____ Move Out _____

Did the applicant pay his/her rent promptly?

Yes No Comment: _____

Did the applicant incur any costs for damages, late fees or other charges?

Yes No Comment: _____

Were any complaints made against the Tenant by any neighbors or anyone in the rental community?

Yes No Comment: _____

Were you given proper notice and a reason for the rental/lease agreement being terminated?

Yes No Comment: _____

Were you able to return the Tenant's security deposit, pet and/or cleaning deposits after he/she moved out?

Yes No Comment: _____

Would you lease to this individual if he/she applied with you again?

Yes No Comment: _____

Please use the space below for additional comments you may wish to make.

Person Completing Form

Position

Date