

Before filling out your application, please contact the property you are interested in directly so that they may advise you as to where to send the completed application(s). Otherwise, please return the completed application to:

EXCEL PROPERTY MANAGEMENT, INC.
1004 Bullard Ct. Suite 106
Raleigh, North Carolina 27615
Phone: (919) 878-0522 Fax: (919) 878-9962

EQUAL HOUSING OPPORTUNITY

EXCEL PROPERTY MANAGEMENT RENTAL APPLICATION

MGR. INITIALS	
DATE @ TIME RECEIVED	



Property Name & Address

WHAT SIZE APARTMENT WOULD YOU LIKE TO OCCUPY? 1 BDRM _____ 2 BDRM _____ 3BDRM _____ 4BDRM _____
 WHAT DATE DO YOU ANTICIPATE MOVING? _____

Telephone Number where you can be reached? Day () _____ Evening () _____

LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE APARTMENT UPON MOVE-IN OR WITHIN THE NEXT TWELVE (12) MONTHS, INCLUDING ANY TEMPORARILY ABSENT (such as military/ student) MEMBERS WHO WILL BE RETURNING TO THE HOUSEHOLD. **UNMARRIED ADULT CO-APPLICANTS COMPLETE A SEPARATE APPLICATION.**

Name	Relationship to Head of Household	Birth Date	Social Security Number	Is HH member a student, anticipating being student or attended school in last five months? (Circle Yes or No)		Is HH member employed: (Circle Yes or No)	
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO

EMPLOYMENT INFORMATION

APPLICANT EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE STARTED: _____ POSITION: _____ SUPERVISOR'S NAME: _____
 SALARY\$ _____ PER _____ HOUR _____ WEEK _____ MONTH _____ YEAR _____ OTHER* _____

DO YOU HAVE A SECOND JOB? _____ YES _____ NO IF YES, WHERE: _____ SALARY\$ _____ PER _____
 IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS, GIVE NAME AND ADDRESS OF PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SPOUSE EMPLOYMENT INFORMATION (CO-APPLICANT MUST COMPLETE SEPARATE APPLICATION)

SPOUSE EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE STARTED: _____ POSITION: _____ SUPERVISOR'S NAME: _____
 SALARY\$ _____ PER _____ HOUR _____ WEEK _____ MONTH _____ YEAR _____ OTHER* _____

DO YOU HAVE A SECOND JOB? _____ YES _____ NO IF YES, WHERE: _____ SALARY\$ _____ PER _____
 IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS, GIVE NAME AND ADDRESS OF PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

***INCLUDE OVERTIME, TIPS, BONUSES, AND ANY OTHER TYPE OF COMPENSATION**

LANDLORD HISTORY INFORMATION

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DO YOU: _____ RENT _____ OWN _____ OTHER _____ MONTH AND YEAR MOVED IN _____ MONTHLY RENT/MORTGAGES\$ _____

REASON FOR LEAVING _____
 LANDLORD/MORTGAGE COMPANY _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF LESS THAN THREE YEARS AT CURRENT ADDRESS

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 REASON FOR LEAVING _____

LANDLORD/ MORTGAGE COMPANY _____ PHONE _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HAVE YOU EVER BEEN EVICTED OR HAS A LANDLORD TERMINATED YOUR LEASE? _____ YES _____ NO
 IF YES, WHY AND WHEN: _____

WILL THIS APARTMENT BE YOUR ONLY PLACE OF RESIDENCY? YES NO IF NO, EXPLAIN: _____
 ARE YOU CURRENTLY RECEIVING RENTAL ASSISTANCE? YES NO IF YES, WHICH AGENCY _____

CREDIT REFERENCES (LIST ALL MONTHLY PAYMENTS)

CAR LOAN \$ _____ VISA \$ _____ MASTER CARD \$ _____ FURNITURE \$ _____
 OTHER (TYPE) _____ \$ _____ OTHER (TYPE) _____ \$ _____
 OTHER (TYPE) _____ \$ _____ OTHER (TYPE) _____ \$ _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO IF YES, WHEN: _____ TYPE: _____ DISPOSITION _____

OTHER INFORMATION

DRIVER'S LICENSE NUMBER/STATE ID#: _____ STATE ISSUED: _____ HOUSEHOLD MEMBER: _____
 DRIVER'S LICENSE NUMBER/STATE ID#: _____ STATE ISSUED: _____ HOUSEHOLD MEMBER: _____
 VEHICLES: TYPE _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____
 LICENSE # _____ STATE _____
 VEHICLES: TYPE _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____
 LICENSE # _____ STATE _____

I/WE HEREBY MAKE APPLICATION FOR AN APARTMENT AND CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT. I/WE UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING, THROUGH A THIRD PARTY, THE INFORMATION PROVIDED ON THIS APPLICATION.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE:

 APPLICANT SIGNATURE DATE APPLICANT SIGNATURE DATE

INCOME AND ASSET DISCLOSURE STATEMENT

*(INCLUDE ALL ASSETS AND INCOME FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)
 (USE HOUSEHOLD MEMBER NUMBER FROM THE FIRST PAGE OF RENTAL APPLICATION)*

INCOME DISCLOSURE

DESCRIPTION OF INCOME	CIRCLE ONE RECEIVING NOW OR ANTICIPATES RECEIVING		HOUSEHOLD MEMBER NUMBER	AMOUNT RECEIVED MONTHLY	COMMENTS
	YES	NO			
EMPLOYMENT INCOME (INCLUDE SELF-EMPLOYMENT INCOME)				\$	
ALIMONY/CHILD SUPPORT				\$	
DISABILITY/ WORKER'S COMPENSATION INCOME				\$	
SOCIAL SECURITY/ SSI/ SSD INCOME				\$	
VETERANS ADMINISTRATION BENEFITS/ MILITARY				\$	
AFDC				\$	
INCOME FROM ANNUITIES, INSURANCE POLICIES				\$	
PENSION INCOME				\$	
INCOME FROM RETIREMENT PLANS (IRA, 401K, KEOGH, ETC.)				\$	
RENTAL INCOME FROM PROPERTY				\$	
UNEMPLOYMENT BENEFITS				\$	
FINANCIAL AID/GRANTS/SCHOLARSHIPS				\$	
OTHER INCOME (RECURRING GIFTS, LOTTERY, WINNINGS, EIC)				\$	

ASSET DISCLOSURE

DESCRIPTION OF CURRENT ASSET (OR ANY ASSET DISPOSED OF FOR LESS THAN FAIR MARKET VALUE DURING LAST 24 MONTHS)	CIRCLE ONE		NAME AND ADDRESS OF BANK, AGENCY OR FINANCIAL INSTITUTION	HOUSEHOLD MEMBER NUMBER	CURRENT VALUE	VERIFICATION FORM
	YES	NO				
CHECKING ACCOUNT	YES	NO	ACCT.#		\$	
SAVINGS ACCOUNT/ MONEY MARKET FUNDS	YES	NO	ACCT.#		\$	
CASH HELD IN SAFETY DEPOSIT BOX/ HOME	YES	NO			\$	
CERTIFICATE(S) OF DEPOSIT (CD'S)	YES	NO			\$	
STOCKS, BONDS, TREASURIES, MUTUAL FUNDS	YES	NO			\$	
INDIVIDUAL RETIREMENT ACCOUNT (IRA, 401-K, KEOGH)	YES	NO			\$	
OWNED REAL ESTATE INCLUDING LAND, HOUSE, CONDOMINIUM, MOBILE HOME	YES	NO			\$	
OWNED RENTAL PROPERTY	YES	NO			\$	
PERSONAL PROPERTY HELD AS INVESTMENT (ANTIQUES, STAMPS, COINS, JEWELRY, ETC.)	YES	NO			\$	
LIFE INSURANCE POLICIES WITH CASH VALUE	YES	NO	POLICY#		\$	
TRUSTS (PRINCIPAL VALUE AVAILABLE)	YES	NO			\$	
ANY OTHER ASSET HELD ANY ASSET HELD JOINTLY	YES	NO			\$	

WARNING: Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." Applicant/ Resident therefore certifies that this Income and Asset Disclosure Statement has been completed truthfully and accurately.

APPLICANT SIGNATURE

DATE

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