

APPLICATION FOR RESIDENCY

(Please Answer All Questions)



Harrish Manor

Today's Date: _____/_____/_____

Move In Date? _____/_____/_____

Applicant's Full Name: _____ Maiden Name: _____

Social Security No: _____ - _____ - _____ Date Of Birth: Month _____ Day _____ Year _____

Driver's License or Photo ID No. _____ Issued by the State of: _____

EIN No. (if applicable) _____ How did you hear about us? _____

Contact Information: Email address : _____

Home # _____ Cell # _____ Work # _____

Current Address:

(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Is this a House Apartment Other When did you move in: _____ How much rent do you pay? \$ _____

Are you still there? YES NO Have you given notice to move? YES NO Are you a lease holder? YES NO

Name of Landlord or Apartment Complex: _____ Telephone No. _____

PLEASE LIST OTHER ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 5 YEARS. USE A SEPARATE SHEET IF NECESSARY.

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Dates that you lived there: FROM: _____ TO: _____ Landlord name & phone # _____

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Dates that you lived there: FROM: _____ TO: _____ Landlord name & phone # _____

Have you ever been evicted: YES NO If Yes, please explain: _____

Employment Information

Name of Employer _____

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Telephone No: _____ Start Date _____ Position held: _____

Monthly Gross Pay (before taxes and other deductions)? \$ _____ Average hours per week? _____

How often are you paid? Weekly _____ Bi-weekly _____ Two times per month _____ One time per month _____

Second Employer

Name of Employer _____

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Telephone No: _____ Start Date _____ Position held: _____

Monthly Gross Pay (before taxes and other deductions)? \$ _____ Average hours per week? _____

How often are you paid? Weekly _____ Bi-weekly _____ Two times per month _____ One time per month _____

Do you have any other income that you would like us to use for this application? YES NO If Yes, how much? \$ _____ WK MO YR
What is the source of this income? _____ If child support, is it court ordered? YES NO

Please list other people 17 years old and under who will be living with you. (Separate application is required for any person 18 and older)

Full Name: _____ Relationship: _____ Birthdate: _____
 Full Name: _____ Relationship: _____ Birthdate: _____
 Full Name: _____ Relationship: _____ Birthdate: _____
 Full Name: _____ Relationship: _____ Birthdate: _____
 Full Name: _____ Relationship: _____ Birthdate: _____
 (List additional people on a separate sheet of paper)

OTHER INFORMATION

Have you or any other persons making application or residing at Parrish Manor with you ever been convicted of a crime other than traffic violations? **NO** _____ **YES** _____ If yes, then state crime and sentence given: _____
 (Use a separate sheet of paper if more space is needed)

In case of emergency whom may we contact (nearest relative or friend not living with you)?

Name: _____ Address: _____
 Home #: _____ Cell #: _____ Work #: _____ Relationship: _____

Information about your vehicles. Only vehicles that are registered to a lease holder or approved occupant are allowed to be parked on Parrish Manor grounds. Any vehicles not registered to a lease holder/approved occupant will not be permitted until vehicle owner is approved through Parrish Manor background check. All vehicles must have current registration and be in good working condition. Tenants are allowed to have three (3) approved cars parked at your residence (if space permits). Vehicle must have undamaged bodies, and evenly finished paints. Please include company/work vehicles you may drive and motorcycles. RV's are prohibited from parking in community. If you have more than 2 vehicles, extra parking spaces or storage of the extra vehicle in our storage facility may be necessary with extra charges or fees.

Year & Make: _____ Model: _____ Color: _____
 Year & Make: _____ Model: _____ Color: _____
 Year & Make: _____ Model: _____ Color: _____

The undersigned declares that the information on this rental application is true and correct and understands that false or misleading statements may result in rejection of this and any future applications for housing or termination of lease at Parrish Manor. The undersigned also agrees that he/she must be in compliance with the community's Guidelines. The undersigned, does understand that all persons/firms given as a reference herein may provide information concerning his/her credit worthiness and waives all rights of action for any consequence resulting from such information. The undersigned acknowledges that application fee is non-refundable regardless of approval or denial. The signature below authorizes investigation of all statements contained herein, as well as credit investigation through credit reporting services and criminal checks through private investigation services.

 Applicant's Signature

 Application Date

INFORMATION NEEDED WITH YOUR APPLICATION

Please provide the following information when you submit your completed application to Parrish Manor:

1. Government Issued ID for each adult applicant
2. 2 Months of check stubs and/or 3 Months of bank statements
3. Money order for non-refundable application fee of \$50.00 per adult applicant
4. Money order for refundable administrative/hold fee of \$150.00 for good faith deposit to hold the home you have selected



WE ARE A NO PET COMMUNITY

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Phone: 919-661-1234 Fax: 919-661-2706

www.parrishmanor.com