



190 MERRIMON AVENUE, ASHEVILLE, NC 28801
 (828) 258-2222 • 1-800-232-0199 • FAX (828) 251-0877
www.AshevilleProperty.com

Date _____

j.d. jackson associates

Accepted Declined

ONE APPLICATION PER PERSON

- There is an Application Fee of \$40 per adult living at the residence.

Property Address: _____ Desired Move In Date: _____
 Full Legal Name: _____ Phone Number: _____
 Social Security Number: _____ Date of Birth: _____

Other Occupants in the residence including children:

Name	Social Security #	Date of Birth	Relationship

Pets- Number: _____ Breed(s) with weight: _____

Current Address: _____ City/State/Zip: _____
 From: _____ To: _____ Rental Amount: _____
 Landlord's Name: _____ Phone Number: _____
 Reason for Leaving: _____

Previous Address: _____ City/State/Zip: _____
 Landlord's Name: _____ Phone Number: _____
 Reason for Leaving: _____

Current Employer: _____ FT PT Student Retired Unemployed
 Address: _____ City/State/Zip: _____
 From: _____ To: _____ Salary Amount: _____ Week Month
 Supervisor's Name: _____ Phone Number: _____

Previous Employer: _____ FT PT Student Retired Unemployed
 Address: _____ City/State/Zip: _____
 From: _____ To: _____ Salary Amount: _____ Week Month
 Supervisor's Name: _____ Phone Number: _____

Other Source of Income: _____ Amount: _____
 Other Source of Income: _____ Amount: _____
 Other Source of Income: _____ Amount: _____

References (Not a relative and not listed above):

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Driver's License #: _____ State: _____ Expires: _____

Vehicle Make/Model _____ Year _____ License Plate Number _____ State _____

Has an eviction ever been filed against you? No Yes

Why? _____

Have you ever broken your lease agreement? No Yes

Why? _____

Have you willfully or intentionally refused to pay rent? No Yes

Why? _____

Have you ever filed for bankruptcy? No Yes

When and where? _____

Do you use, or have you ever been convicted of using, a controlled substance? No Yes

Have you ever been convicted of a felony? No Yes

What? _____

Please give any additional information which might help management evaluate this application:

Daytime Phone Number: _____ Nighttime Phone Number: _____

Email Address: _____

In Case of Emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

The above information to the best of my knowledge is true and correct. I further authorize J.D. Jackson Associates to order consumer credit reports and verify other credit information, including past and present landlord references and criminal background checks. It is understood that a copy of this form will also serve as authorization.

Signature of Applicant: _____ Date: _____