

# SLT Properties, LLC

## PROPERTY RENTAL APPLICATION

Property Address: \_\_\_\_\_

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_\_ DL: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Anticipated Move-in date: \_\_\_\_\_ List Pets: \_\_\_\_\_

**Current Address:** Move in (month/year): \_\_\_\_\_ Move Out (month/Year) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Renting: Name of Complex: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Previous Address:** Move in (month/year): \_\_\_\_\_ Move Out (month/Year) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Renting: Name of Complex: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Current Employer:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long There: \_\_\_\_\_ Salary: \_\_\_\_\_ Year/Month/Week/Hour

**Previous Employer:** \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long There: \_\_\_\_\_ Salary: \_\_\_\_\_ Year/Month/Week/Hour

**This application needs to be submitted along with a copy of a current drivers license or state ID and your most recent pay statement and application fee.**

### Conditions and Information

Completing this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application. This application will be approved or rejected usually within five (5) days of being submitted to landlord.

If this application is approved, Tenant must make the first month's rent(prorated),security deposit and sign the lease before the tenancy begins.

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

### CONSENT TO CREDIT CHECK

I \_\_\_\_\_, the undersigned applicant(s) authorize landlord, SLT Properties, or one of its agents to order and review my credit and criminal history and investigate the accuracy of the information contained in the application. I further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**616A Guilford College Road  
Greensboro, NC 27409**

**Phone: 336-291-0254 Fax: 336-291-0266**



# SLT Properties, LLC

PO Box 38364  
Greensboro, NC 27438  
<http://www.sltproperties.com>  
Phone: 336-291-0254  
Fax: 336-291-0266

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## Tenant History Verification

Please fill in the the questionnaire below for the tenant listed here and fax or mail back to us:

Thank You

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Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_ Monthly rent: \_\_\_\_\_

Last 12 months, the number of late payments: \_\_\_\_\_ NSF Checks: \_\_\_\_\_

Any complaints about this tenant for noise or other issues?:  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Was there any destruction to the property caused by the tenant?:  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Would you rent to this tenant again?:  Yes  No

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### Authorization

I give permission to my previous or current landlord to provide the requested information to SLT Properties for the purpose of verifying and processing my application for a rental property.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_