

ARC AGENCY, INC. RENTAL APPLICATION

31 College Place Suite 120 B, Asheville, NC 28801
Telephone: 828-350-9400 Fax: 828-350-9099 www.arcagencyavl.com

****PLEASE COMPLETE AND RETURN WITH A \$50.00 NON-REFUNDABLE PROCESSING FEE****

Application for what address? _____ Email address: _____

Name _____ Home # _____ Cell # _____

Date of Birth _____ Social Security # _____ Driver Lic. # _____

Spouse's Name _____ Social Security # _____ Date of Birth _____

Present Address _____ City _____ State _____ Zip _____

How Long _____ Rent \$ _____ Reason for moving _____

Owner/Manager _____ Phone _____

Previous Address _____ City _____ State _____ Zip _____

How Long _____ Rent \$ _____ Reason for moving _____

Owner/Manager _____ Phone _____

Present Employer _____ Occupation _____ Phone _____

How long with this employer _____ Supervisor _____ Phone _____

Spouse's Employer _____ Occupation _____ Phone _____

How long with this employer _____ Supervisor _____ Phone _____

Current Gross Income per Month _____

Amount of Alimony/Child Support you receive \$ _____ You Pay \$ _____

**** Please attach income verification to application****

Name, Relationship and age of each person to occupy unit _____

- 1. _____ 2. _____
- 3. _____ 4. _____

Pets # _____ Breed _____ Weight _____ Vaccinations Up to Date _____

- 1. _____
- 2. _____

Vehicle Make _____ Model _____ Year _____ Tag # _____

- 1. _____
- 2. _____

Personal Reference _____ Phone _____

Personal Reference _____ Phone _____

Contact in Emergency _____ Relationship _____ Phone _____

Have you ever filed a petition for bankruptcy? _____ Have you ever been evicted by any landlord? ____
Have you ever intentionally refused to pay rent? _____ Have you ever been convicted of a
misdemeanor or felony other than traffic/parking violations? _____
Are you an illegal drug abuser or addict of a controlled substance? _____ if yes to any of these
questions, please explain _____

Is anyone in the household a smoker? _____ (Please be advised that all of our units are non-smoking)

Move-in Date: _____ Lease Term Requested: _____

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

"I hereby authorize Arc Agency, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Arc Agency, Inc. and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies."

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

******OFFICE USE ONLY******

Please fax information back to 828-350-9099

Rental Reference Verification

Rental Reference For: _____

Name of person giving Reference _____

Amount of rent: \$ _____ Number of late payments: _____

Period of residency: _____ Has lease expired: _____

Employment Verification

Request Verification of Employment on: _____

Name of person giving reference: _____

Length of employment? _____ Gross Monthly Income _____

**LEASE MUST BE SIGNED BY ALL LEASE HOLDERS WITHIN 48 HOURS OF APPLICATION
APPROVAL AND PAY SECURITY DEPOSIT IN FULL BY CHECK OR MONEY ORDER**