



**Bailey** and Associates, Inc.

# Bailey and Associates

PO Box 400 | Jacksonville, NC 28541-0400 | 910-346-8443 Phone

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## Rental Application

Property Information			
Name of Business:			
Type of Business:	Corporation	Partnership	Individual dba (mark one)
Location of Property to be Rented:			
Proposed Use of Property:			
Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Email:			
Employment Information			
Current employer:			
Employer address:			How long?
City:	State:	ZIP Code:	
Position:	Hourly	Salary (mark one)	Annual income:
Co-applicant Information (REQUIRED if Married)			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Email:			
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
City:	State:	ZIP Code:	
Position:	Hourly	Salary (mark one)	Annual income:
Business References (if applicable)			
Name:	Email:		Phone:

<b>Business Landlord (if applicable)</b>			
Name:			
Current address:			
City:	State:	ZIP Code:	
<b>Emergency Contact</b>			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
<b>Authorizations</b>			
I/We represent that the information provided in this application is true, complete and accurate to the best of my knowledge and understand that any misrepresentation or omission of information is grounds for denial of application.			INITIAL
I/We understand that the information provided will be kept confidential and will be used only by Bailey and Associates, Inc. (Landlord). I authorize Bailey and Associates, Inc. to verify all the information given in this application, including but not limited to financial/credit information, past rental information, personal references and employment information provided. I do authorize Bailey and Associates, Inc. to obtain a current credit and/or criminal background check.			INITIAL
I/We understand that this application is non-binding and shall not be construed as a rental agreement; nor shall this application create any obligation on the part of Bailey and Associates, Inc.			INITIAL
I/We understand there is a non-refundable fee of <b>\$30.00 PER APPLICANT</b> for submission of application.			INITIAL
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

Save and e-mail form to: [leasingadmin@baileyandassociates.biz](mailto:leasingadmin@baileyandassociates.biz)