

Raleigh Funding Group, Inc. – 919-233-7358 – www.RaleighFunding.com

Mailing Address: PO Box 295 • Cary, NC 27512

Street Address: 975 Walnut St. – Suite 300-C • Cary, NC 27511

Application - Please Print Clearly - To Process Immediately - FAX to 919-882-8284

Address of desired property:

Date:

To guarantee compliance with the North Carolina and Federal Fair Housing Acts, information is required for each applicant over the age of eighteen (excluding dependent children) who will reside at the property.

PLEASE PRINT

Applicant's Full Name:

Social Security #:

Date of Birth:

Driver's License #:

State:

Home Phone #:

Work Phone #:

Cell #:

Co-Applicant's Name:

Social Security #:

Date of Birth:

Driver's License #:

State:

Home Phone #:

Work Phone #:

Cell #:

Current Address:

City:

State:

Zip:

Move-in date:

Move-out Date:

Rent \$:

Why Moving?

Landlord:

Phone #:

LIST YOUR CURRENT EMPLOYMENT

Applicant's Employer:

Hire Date:

Phone #:

Position:

Address:

City:

Zip:

Gross monthly pay: \$

Hours per week:

Supervisor:

Co-Applicant's Employer:

Hire Date:

Phone #:

Position:

Address:

City:

Zip:

Gross monthly pay: \$

Hours per week:

Supervisor:

OTHER INCOME YOU WOULD LIKE US TO CONSIDER

(For example: Spousal support, child support, disability, social security, self employment etc...)

1. Source:

Gross amount per month: \$

2. Source:

Gross amount per month: \$

3. Source:

Gross amount per month: \$

LIST TWO (2) PERSONAL REFERENCES TO CONTACT IN CASE OF EMERGENCY

Name:

Address:

Phone #:

Relationship:

How long known?

Name:

Address:

Phone #:

Relationship:

How long known?

LIST ALL VEHICLES OWNED

Vehicle

Make/Model/Year

License #/ State

LIST ALL DEBT YOU OWE INCLUDING CREDIT CARDS (use an additional sheet, if necessary)

Name:	Address:	
\$ Limit/Purpose:	Balance owed: \$	Mo. Payment:
Account #:	Phone #:	
Name:	Address:	
\$ Limit/Purpose:	Balance owed: \$	Mo. Payment:
Account #:	Phone #:	
Name:	Address:	
\$ Limit/Purpose:	Balance owed: \$	Mo. Payment:
Account #:	Phone #:	
Name:	Address:	
\$ Limit/Purpose:	Balance owed: \$	Mo. Payment:
Account: #	Phone #:	

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS: (These questions apply to both Applicant & Co-Applicant.)

Are you prepared to take on the burden of home ownership, including maintenance and repairs?

Are you prepared to make the monthly payments in full every month on the 1st of the month?

Will you have the entire down payment available prior to moving in?

Have you ever been evicted from a property?

Have you ever willfully and intentionally refused to pay rent when due?

If divorced, are you obligated to pay child support or alimony? If yes, how much? \$

LIST ALL INDIVIDUALS THAT WILL RESIDE IN THE ABOVE PROPERTY, THEIR NAMES & BIRTHDATES.

1.	2.
3.	4.
5.	6.
7.	8.

NOTE: APPLICATIONS WILL NOT be accepted on a "FIRST-COME, FIRST-SERVED BASIS." THIS PROPERTY IS MANAGED BY A PRINCIPAL REPRESENTING HIS INTEREST AND/OR OF THE OWNER OF THE REAL PROPERTY. THE CORPORATION WILL ASSIST ALL PERSONS WITHOUT REGARD TO RACE, COLOR, CREED, SEX, RELIGION, NATIONAL ORIGIN, FAMILIAL STATUS, MARITAL STATUS, HANDICAP, OR ANCESTRY.

Applicant agrees that all credit information maintained by Raleigh Funding Group, Inc. may be given to any credit reporting service or other persons who request it. Applicant hereby certifies that the information supplied in this application is true. Applicant understands that any false answers or statements made will be sufficient grounds for eviction/forfeiture.

Applicant authorizes present and past landlords and Employers, Banks, Credit references, personal references, and any other person to release information regarding applicants credit, rental and employment history.

➔ VERY IMPORTANT: When submitting this application, you must attach proof of income for each applicant: pay stubs showing current and year-to-date totals; SSI or disability award letters; if self-employed, deposits and 2 months bank statements. Applications submitted without verification of income will not be processed.

Applicant Signature

Date

Co-Applicant Signature

Date

Please be sure the application is filled out accurately and completely. This will ensure a timely and accurate response.

This application may be FAXED for Processing to: 919-882-8284