



Asheville Arms Apartments

102 Furman Ave.

Asheville, NC 28801

RCG-Killian Asheville Arms, LLC
 RCG Realty
 Mailing: P.O. Box 8848
 Asheville, NC 28814
 Physical: 223 E Chestnut St
 Asheville, NC 28801
 Telephone: 828-676-3025

Rental Application

Rental Application	
Application Date:	Desired Move-In Date:
Interested in: <input type="checkbox"/> 3/2 <input type="checkbox"/> Studio	
RCG-Killian Asheville Arms, LLC offers a 12 month lease option.	
How did you hear about our property? <input type="checkbox"/> Craigslist <input type="checkbox"/> Driving by <input type="checkbox"/> Friend/Family <input type="checkbox"/> Zillow <input type="checkbox"/> Other:	
Application Fee	
Application fee must be paid at time of submitting application by check or money order. The fee covers RCG SE, LLC's cost of running a credit report, criminal background check, employment verification, and past landlord reference(s).	
<input type="checkbox"/> \$50 Primary Applicant <input type="checkbox"/> \$10 Secondary Applicant Make payable to: RCG Realty	

Primary Applicant Information			
Legal Name:		Preferred Name:	
Date of Birth: <i>Do not write. Call RCG office.</i>	SSN: <i>Do not write. Call RCG office.</i>	Phone:	
Email Address:			
Military: <input type="checkbox"/> Currently Serving <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served		Driver's License Number:	State Issued:
Residence History			
Current Address:			
City:	State:		ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly mortgage payment or rent:		Dates at this Address:
Reason for moving:			
If Renting, Current Landlord Name:		Landlord Telephone:	
If Renting, Current Landlord Address:			
City:	State:		ZIP Code:
Previous address:			
City:	State:		ZIP Code:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Monthly mortgage payment or rent:		Dates at this Address:
Reason for moving:			
If Renting, Current Landlord Name:		Landlord Telephone:	
If Renting, Current Landlord Address:			
City:	State:		ZIP Code:
Employment Information			
Current Employer Name:		Dates Employed Here:	
Position:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Monthly Income:			
Employer Address:			
City:	State:		ZIP Code:
Employer Contact/Supervisor:			
Phone:		Email:	
Other Sources of Income (alimony, child support, real estate, trusts, etc.):			

Emergency Contact			
Name of person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Children Residing in Unit (Under 18 Years of Age)			
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Pets			
Lessee shall pay a monthly fee of \$20month per pet. Lessor and its Agent reserve the right to impose additional fees for damage caused by pets. No more than two (2) pets – dogs &/or cats only; no aggressive breeds of dog - are permitted with a total combined weight of 65 lbs. Certified Service Animals are exempt; however, a fee for damage done by Service Animals may be imposed.			
Type:	Weight:	Description:	
Type:	Weight:	Description:	
Vehicle Information			
<input type="checkbox"/> Car <input type="checkbox"/> Pick-Up <input type="checkbox"/> Motorcycle	Make:	Model:	Year:
Color:	License Plate #:	State Registered:	
<input type="checkbox"/> Car <input type="checkbox"/> Pick-Up <input type="checkbox"/> Motorcycle	Make:	Model:	Year:
Color:	License Plate #:	State Registered:	

Secondary Applicant Information			
Legal Name:		Preferred Name:	
Date of Birth: <i>Do not write. Call RCG office.</i>	SSN: <i>Do not write. Call RCG office.</i>	Phone:	
Email Address:			
Military: <input type="checkbox"/> Currently Serving <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served	Driver's License Number:		State Issued:
Residence History			
Current Address:			
City:	State:	ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly mortgage payment or rent:	Dates at this Address:	
Reason for moving:			
If Renting, Current Landlord Name:		Landlord Telephone:	
If Renting, Current Landlord Address:			
City:	State:	ZIP Code:	
Previous address:			
City:	State:	ZIP Code:	
<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Monthly mortgage payment or rent:	Dates at this Address:	
Reason for moving:			
If Renting, Current Landlord Name:		Landlord Telephone:	
If Renting, Current Landlord Address:			
City:	State:	ZIP Code:	
Employment Information			
Current Employer Name:		Dates Employed Here:	
Position:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Monthly Income:			
Employer Address:			

City:	State:	ZIP Code:
Employer Contact/Supervisor:		
Phone:	Email:	
Other Sources of Income (alimony, child support, real estate, trusts, etc.):		
Emergency Contact		
Name of person not residing with you:		
Address:		
City:	State:	ZIP Code:
Relationship:		Phone:
Children Residing in Unit (Under 18 Years of Age)		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Pets		
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Type:	Weight:	Description:
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Vehicle Information		
<input type="checkbox"/> Car <input type="checkbox"/> Pick-Up <input type="checkbox"/> Motorcycle	Make:	Model:
Color:	License Plate #:	State Registered:
<input type="checkbox"/> Car <input type="checkbox"/> Pick-Up <input type="checkbox"/> Motorcycle	Make:	Model:
Color:	License Plate #:	State Registered:

Statement	
<p>The applicant(s) states and represents that the information provided in this application is complete and accurate. Applicant authorizes verification of any and all information contained in this application and releases all concerned from any liability in connection with information given. You have the right to make a written request within 30 days for a complete and accurate disclosure of additional information concerning the nature and scope of this application.</p> <p>I/we understand that if a deposit is accepted by RCG-Killian Asheville Arms, LLC, I may withdraw my application within 48 hours for any reason with a full refund of my reservation fee. After 48 hours, the reservation fee will be forfeited to liquidating damages.</p> <p>By executing this application, applicants do hereby authorize RCG SE, LLC on behalf of RCG-Killian Asheville Arms, LLC to undertake a background and credit check. Such information shall be held confidential and only used for applicant screening.</p>	
Signature of Primary Applicant:	Date:
Signature of Secondary Applicant:	Date:

Criminal History Background Check

RCG-Killian Asheville Arms, LLC and RCG SE, LLC, its managing agent, strive to provide a better place to live and a community that all residents can be proud to live in. We have established a selection criterion, which allows residents of the community to feel more comfortable knowing that all residents have the same high standards. All prospective residents eighteen (18) years of age or older will be requested to present a picture ID to verify the applicant's signature and identity.

Any applicant may be rejected for any one (1) of the following reasons:

1. Felony conviction. Any application (including applications from a spouse or any person(s) 18 years of age or older planning to move in with an existing household) may be rejected for any felony conviction within the past 10 years which reflects acts of violence or any other conduct which establishes a pattern that poses a direct threat to the community and safety of other residents.
2. Any record or convictions involving illegal manufacturing, distribution or use of a controlled substance as defined under Federal or State laws.

Affidavit for Release of Information

This record search will be completed only for the purpose of determining eligibility for residency. Information obtained will not be released or distributed except as provided by law. I hereby give consent and authorize RCG-Killian Asheville Arms, LLC and RCG SE, LLC, its managing agent to search state and/or county files for any criminal history record.

Signature of Primary Applicant:

Date:

Signature of Secondary Applicant

Date:

Please also remit:

Copy of driver's license/ valid ID for each applicant

Copies of the last two (2) paystubs for each applicant

Please return completed form, copies of license, and paystubs to one of the following:

RCG SE, LLC

- **Mail: P.O. 8848, Asheville, NC 28814**
- **Scan to Email: gmasterson@rcg-llcom**
- **Fax: 828-676-3023**

Please Mail the Application Processing Fee

RCG Realty, dba for RCG SE, LLC, is the managing agent for and affiliated with the owner, RCG-Killian Asheville Arms, LLC