



RENTAL APPLICATION (SUBJECT TO OWNER'S APPROVAL)

RCG SE | P.O. BOX 8848 | ASHEVILLE, NC 28814 | T: 828-676-3025

Rental Application		
Application Date:		
Applying for (Address and Apartment #):		
Lease Start Date:	Lease End Date:	Base Rent Per Month:
First Mo. Rent Deposit:	Security Deposit:	Total:
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(s) must be paid at time of submitting application by check, money order or cashier's check. This fee covers the cost of running a credit report, criminal background check, employment verification, and past landlord reference(s).		
<input type="checkbox"/> \$35.00 per Applicant <input type="checkbox"/> \$25.00 per Guarantor Payable to: RCG		

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		
Current Address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly mortgage or rent payment:	Dates at this Address:
Reason for moving:		
If Renting, Current Landlord Name:		Landlord Telephone:
If Renting, Current Landlord Address:		
City:	State:	ZIP Code:
Residence History – Prior Address		
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:		
Previous Landlord Name:		Previous Landlord Telephone:
Previous 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:			

Occupants

All occupants over the age of 18 must complete a rental application and provide photo ID and proof of income/enrollment, as outlined here.

Names of all Co-Tenants:

No. of Total Occupants:	No. of Adults:
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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 \$20/month per pet. Damages caused by pets will result in additional costs borne by the Applicant. 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 (Name/Age/Color):
Type:	Weight:	Description (Name/Age/Color):

Vehicle Information

<input type="checkbox"/> Car <input type="checkbox"/> Pick-Up <input type="checkbox"/> Motorcycle	Make:	Model:	Year:
Color:	License Plate #:	State Registered:	

Statement

The applicant 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.

I/we understand that the application fee is nonrefundable and if an additional deposit is accepted by RCG then I may withdraw my application within 48 hours for any reason with a full refund of my deposit. After 48 hours, the deposit will be forfeited to liquidating damages.

By executing this application, applicants do hereby authorize RCG and its affiliates to undertake a background and credit check. Such information shall be held confidential and only used for applicant screening.

Signature of Applicant:	Date:
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Criminal History Background Check

RCG strives to provide a better place to live and communities 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 and its affiliates, to search state and/or county files for any criminal history record.

Signature of Applicant:

Date:

In addition to a fully completed application, please also remit:

- **Copy of Driver's License/Valid I.D.**
- **Proof of income (e.g. 3 recent paystubs, job offer letter, and/or tax return) or proof of enrollment in school (e.g. school class schedule, acceptance letter, I-20)**

Please return completed forms, copies of valid I.D., and proof of income/enrollment to one of the following:

- **Mail: P.O. Box 8848, Asheville, NC 28814**
- **Hand Deliver: 223 E. Chestnut St, Suite 1, Asheville, NC 28801 (after hours drop box available onsite)**
- **Email: rentals@rcg-llc.com**

Application fees can be mailed or hand delivered to the addresses above.

RCG is the managing agent for and affiliated with the property owner.