



## The Groce Companies

### Property Management Division

**P.O. Box 2825  
1504 So. Horner Blvd.  
Sanford, NC 27330  
(919) 775-1497  
(919) 774-7777 fax**

## RESIDENTIAL RENTAL APPLICATION

Attention Applicant: This application cannot be processed until all required information has been provided. Please read and provide the following items for: **EVERYONE WHO IS 18 YEARS OLD OR OLDER.**

1. Photo ID and Social Security Card
2. Verification of Income
3. Rental reference
4. \$25.00 Non-refundable Application Fee
5. Copy of most recent Bank Statement(s)
6. Desired property and move-in date \_\_\_\_\_

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Upon completion, mail or fax required documents (or copies thereof) to:

**The Groce Companies P.O. Box 2825  
Sanford, NC 27331  
Attn: Sandra Trogdon  
[www.grocecompanies.com](http://www.grocecompanies.com)**

**GROCE REAL ESTATE does not manage properties that permit PIT  
(American Terrier) Bull Dogs or Rottweilers.**

# Rental Application

**FEE \$25.00**

Please complete all requested information on both pages of this form. Thank you for your interest in our housing.

Desired Property \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

## **PLEASE TELL US ABOUT YOURSELF**

• **FULL NAME** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's Lic. No. & State \_\_\_\_\_

• **CO-APPLICANT** \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's Lic. No. & State \_\_\_\_\_

• **LIST ALL PERSONS WHO WILL RESIDE IN UNIT (EXCEPT Applicant & Co-Applicant)**

Name \_\_\_\_\_ DOB (month/day/year) \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_

1. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_

• **APPLICANT ADDRESS:** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Amt. of Rent \_\_\_\_\_

Landord or Rent Paid To \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• Is rent up to date?  Yes  No Have you been asked to leave?  Yes  No

• **Co-Applicant Address** (if different from Applicant): \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Amt. of Rent \_\_\_\_\_

Landord or Rent Paid To \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• Is rent up to date?  Yes  No Have you been asked to leave?  Yes  No

## **PLEASE GIVE YOUR EMPLOYMENT OR INCOME INFORMATION**

• **APPLICANT EMPLOYER:** \_\_\_\_\_

• **PRESENT STATUS**  Employed full-time  Part-time  Not Employed  Retired  Student

Employer's Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Department \_\_\_\_\_

• **CO-APPLICANT EMPLOYER** \_\_\_\_\_

• **PRESENT STATUS**  Employed full-time  Part-time  Not Employed  Retired  Student

Employer's Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Department \_\_\_\_\_

If there are other sources of income, please list income, source (Social Security, Disability, AFDC, child care etc.) and who we contact for confirmation.

• **SOURCE** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• **SOURCE** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**YOUR REFERENCES**

• **PERSONAL Reference**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• **CO-APPLICANT Personal Reference**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• **TOTAL NUMBER OF VEHICLES** (including Company Vehicles and Motorcycles) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

• **Do you own a Pet?**  Yes  No Type \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Inside?  Yes  No

• **HAVE YOU EVER:** Been sued for non-payment of rent?  Yes  No

Been evicted or asked to move out?  Yes  No Broken a Rental Agreement or Lease?  Yes  No

Been sued for damages to rental property?  Yes  No Declared Bankruptcy?  Yes  No

Is the total move-in amount available now (first month rent & deposit?)  Yes  No

Name in which utilities are now billed \_\_\_\_\_

Please give any additional information that might help management evaluate your application \_\_\_\_\_

If management has any questions about your application, please give Phone Numbers where you can be located:

Day (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell or other (\_\_\_\_) \_\_\_\_\_

**\*\*\*IN CASE OF PERSONAL EMERGENCY NOTIFY: NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK NUMBER** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

Applicant authorizes The Groce Companies to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other source deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. The GROCE Companies reserve the right to disqualify applicant if any of the information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM.

√ Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

√ Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Mail completed form to The Groce Companies, P.O. Box 2825, Sanford, NC 27331, 919-775-1497, or Fax to 919-774-7777.