



WELLINGTON ADVISORS

Rental Qualification Requirements

- Good Credit (Verified on Co-Signer or Applicant if Applicable)
 - Verifiable Social Security Number
 - "Good" Defined as no more than 20% negative standing accounts; no pending tax/state liens; a positive mortgage or rental history is required. Zero balances are not included as "bad". *Foreclosures will be considered.*
 - All outstanding balances to other apartment communities as a public record must be satisfied prior to approval. Proof of payment plan or proof of the account being paid off will be acceptable.
- Verifiable Employment and Salary Requirements
 - Each individual lease holder must make three times the monthly rent.
 - Co-Signer's are permitted and must sign the 'Guarantee'.
 - If Self-Employed, Retired, or Salary cannot be verified we must receive the following:
 - A copy of the most current signed tax return and W-2, 1099, Schedule C or F
 - Bank statements for the preceding six months in entirety
 - Pay 6 months of rent in advance if no proof of income is available.
- Criminal Reports (Verified on applicant/resident)
 - No Felonies on record
 - Drug related charge on record will be considered on a case by case basis
 - Burglaries on record will not be accepted
- Verifiable, Good Rental Reference (at least one year of history)
 - No money owed, satisfactory payment history
 - No evictions; Foreclosures will be considered
 - Proper Notice to Vacate Given; All Lease obligations fulfilled
- Required Liability Insurance
 - Resident is required to secure personal liability insurance coverage for entire lease term
 - Coverage amount in the amount of not less than \$100,000 by "A" rated insurance carrier
 - Resident must provide proof by way of Certificate of Insurance at time of lease signing

A final decision will be made based on all of the collected information.

The undersigned acknowledges that **Summerlyn Cottages** may verify any and all of the above, including but not limited to credit history and criminal background information.

The Regional Manager/Vice President Residential Services will have the final decision when any credit or criminal is in question.

Applicant's Signature/Date

Co-Signer/Co-Applicants Signature/Date

APPLICATION FOR RESIDENCE

Please return completed application and check or money order to:

Summerlyn Cottages

Telephone: 910-826-3632

E-Mail: summerlyn@wellingtonadvisors.com

PERSONAL INFORMATION

Name of Applicant: _____ Phone: () _____

Address (current): Street: _____

City: _____ State: _____ Zip: _____

Address (permanent): Street: _____

City: _____ State: _____ Zip: _____

S.S. Number: ()-()-() Date of Birth: / /

How did you hear about Summerlyn Cottages? _____ Desired Floor Level: 1st.....2nd.....3rd Floor

E-Mail: _____

Present Employer (applicant): _____

Employer's Address: Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: () Monthly Gross Income: _____

Position Held: _____ Length of Employment: _____

Supervisor's Name: _____

CO-APPLICANT INFORMATION

Name of Co-Applicant: _____ Phone: () _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

S.S. Number: ()-()-() Date of Birth: / /

How did you hear about Summerlyn Cottages? _____ Desired Floor Level: 1st.....2nd.....3rd Floor

E-Mail: _____

Present Employer (applicant): _____

Employer's Address: Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: () Monthly Gross Income: _____

Position Held: _____ Length of Employment: _____

Supervisor's Name: _____

Name and Year of Birth of all Occupants _____

of Dogs _____ # of Cats _____ Breed of Dog(s) _____

RESIDENCE HISTORY

Name of present Landlord,
Mortgage Co. or Apt. Community: _____ **Phone:** () _____

Address of Landlord, Mortgage Co. or Apt. _____ **Street:** _____
Community _____

City: _____ **State:** _____ **Zip:** _____

Monthly Payment: _____ **How long have you rented or owned here?** _____

Name of Prior Landlord or Apt.
Community: _____ **Phone:** () _____

Monthly Payment: _____ **How long did you rent or own here?** _____

BANK AND CREDIT REFERENCES:

Bank Name: _____ **City:** _____ **State:** _____

Credit Card: _____ **City:** _____ **State:** _____

CRIMINAL BACKGROUND

1. Have you ever been convicted of or plead guilty or "no contest" to a felony (whether or not resulting in a conviction)?
☐ Yes ☐ No
2. Have you ever been convicted of or plead guilty or "no contest" to a misdemeanor involving violence or sexual misconduct (whether or not resulting in conviction)?
☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION:

In case of emergency, Notify: _____ Relationship: _____

Phone#: () _____ E-Mail: _____

VEHICLE INFORMATION (If you will be parking on the premises, please provide the following information):

Make of car: _____ **Year** _____ **License Plate #:** _____ **State:** _____

Driver's License Number: _____ **State:** _____

Fees:

Process Application and Reserve Apartment Unit

Applicant hereby pays to Landlord the sum of \$_____ as an Application Fee for processing this application, which shall not be refunded for any reason. Upon execution of a lease agreement, a \$_____ Security Deposit/Fee (of which \$_____ is refundable and \$_____ is a non refundable Fee) will be required refundable in accordance with the terms of the lease agreement. There will be a 72-hour grace period in which I, as applicant, may change my decision and decide not to reserve an apartment. This grace period begins from the date that the processing fee is received by the Landlord. Any applicant, who cancels, must notify Summerlyn Cottages in writing within the 72-hour grace period to receive the full \$_____ security deposit. Any cancellation after the 72-hour grace period will forfeit entire the entire deposit.

Acknowledgment

Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by any bank or savings and loan, employer (present or former), prior rental history and any Lender. *I hereby give the named property (and affiliated management company) full permission to contact schools, previous employers (unless otherwise noted above), references, the credit bureau as a credit check/consumer reporting agency, completion of a criminal background check, participation in a pre-employment drug screening and hereby release the Company from any liability as a result of this pre-employment screening process.*

I fully understand that All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentation on this application will constitute a default under the lease or rental agreement between the parties.

I have read and agree to all provisions of this application.

Signature of Applicant: _____ Date: _____

“Equal Housing Opportunity”

FOR OFFICE USE ONLY:

Lease Start Date: _____ Apt. #: _____ Bedroom: _____ Monthly Rent: _____ Agent: _____

Application Approved: Yes No
Date notified of status: _____

Date Approved or Declined: _____
Manager Approval: _____

Processed by: _____
Date: _____

We look forward to becoming your new neighbor!



WELLINGTON ADVISORS, LLC



P.O. Box 26140
Greensboro, NC 27410
www.firstpointresources.com

Name (First, Middle, Last): _____ Gender: Male/Female

Maiden name (If Applicable): _____

Current address: _____ How Long? _____

City, State, Zip: _____

1st Previous Address: _____ How Long? _____

City, State, Zip: _____

Applicant Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver's License # and State Issued: _____

APPLICANT AUTHORIZATION

I authorize Rentfacts, A FirstPoint Resource, to obtain my present and previous residence information, as well as any current and previous employment information. This includes any salary or other pertinent information that may assist in completing my rental application. I further authorize Rentfacts to verify my credit history and perform a criminal record search.

Further, I authorize my current and former employers as well as other organizations to provide such information.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, investigative Report, or Credit Report on me that is requested. ☐ Yes ☐ No

.....
Property Name: Wellington - Summerlyn Cottages RENT_01315

Requestor Name: _____

_____ Multi-State Criminal Index

_____ NC Statewide Criminal

_____ Rental Credit



For fax orders please fax this form to 1-800-888-3487

P.O. Box 26140
Greensboro, NC 26140
(800) 4489-0254



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Greensboro, NC 27410
www.firstpointresources.com

Name (First, Middle, Last): _____ Gender: Male/Female

Maiden name (If Applicable): _____

Current address: _____ How Long? _____

City, State, Zip: _____

1st Previous Address: _____ How Long? _____

City, State, Zip: _____

Applicant Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver's License # and State Issued: _____

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