

The Courtyard Apartments  
 810 S. Main Street #B109  
 Salisbury, NC 28144  
 Phone: 704.636.7485  
 Fax: 704.636.9709



Forest Village Apartments  
 321 Woodson Street #28  
 Salisbury, NC 28144  
 Phone: 704.638.6460  
 Fax: 704.638.6461

**FISHER REALTY, INC**

Name of Desired Community: The Courtyard      Forest Village      Salisbury Square      Date Desired: \_\_\_\_\_

**PART 1 (PLEASE PRINT CLEARLY)**

**Applicant:** \_\_\_\_\_ Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Co-Applicant/Spouse/Co-Signer:** \_\_\_\_\_ Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have your or your co-applicant ever been convicted by a court of law?      Yes  No

If yes, please explain: \_\_\_\_\_

Have you or your co-applicant ever been convicted of a felony offense?      Yes  No

If yes, please explain: \_\_\_\_\_

Total number of persons who will occupy apartment (including applicants) \_\_\_\_\_

**OTHER OCCUPANTS:**

1) _____ Full Name                                  Age                                  DOB	2) _____ Full Name                                  Age                                  DOB
_____ Social Security #                                  Relationship	_____ Social Security #                                  Relationship

3) _____ Full Name                                  Age                                  DOB	4) _____ Full Name                                  Age                                  DOB
_____ Social Security #                                  Relationship	_____ Social Security #                                  Relationship

Do you have any pets? If so, please specify type(s)/breed(s) \_\_\_\_\_ Weight(s) \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

In case of emergency notify (other than occupants): \_\_\_\_\_ Tel: \_\_\_\_\_  
 Relationship

Emergency contact address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART 2 RESIDENCE HISTORY FOR THE LAST THREE YEARS (LIST CURRENT FIRST, THEN PREVIOUS)**

Landlord/Mortgage Company: \_\_\_\_\_ Tel: \_\_\_\_\_ How Long? \_\_\_\_\_ Mo. Rent/Pmt \_\_\_\_\_

Street Address, City, State and Zip: \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Tel: \_\_\_\_\_ How Long? \_\_\_\_\_ Mo. Rent/Pmt \_\_\_\_\_

Street Address, City, State and Zip: \_\_\_\_\_

**PART 3 EMPLOYMENT FOR THE PAST THREE YEARS (LIST CURRENT FIRST, THEN PREVIOUS)**

Company Name: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor \_\_\_\_\_ Tel: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor \_\_\_\_\_ Tel: \_\_\_\_\_

**CO-APPLICANT/SPOUSE/CO-SIGNER:**

Company Name: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_

**OTHER INCOME?** If so, please provide the following information:

Source: \_\_\_\_\_ Amt. per month: \_\_\_\_\_ (Please provide documentation)

NOTE: Sources of additional income will NOT be considered, unless applicant(s) provides documentation that establishes such income)

**PART 4 VEHICLE IDENTIFICATION**

Make/Model/Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ County/State: \_\_\_\_\_

Make/Model/Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ County/State: \_\_\_\_\_

**APPLICATION FEE**

Applicant(s) has submitted the sum of \$ \_\_\_\_ (“application fee”) with this application. Applicant(s) understand and agree that this application shall not be considered by management until the application fee is paid. Applicant(s) understand and agree that the application fee is used by management for the payment of processing of this application, which includes costs for verifying the authenticity of the information provided and to obtain or to otherwise procure information regarding the applicant’s credit history, criminal background, and rental references. As such, applicant(s) understand and agree that the application fee is non-refundable. Applicant(s) by signing this application for occupancy, represent that the information provided herein is true and correct to the best of their knowledge. In the event that management discovers that any information provided herein is false, resident understands and agrees that management may, at management’s sole option, reject this application and immediately rescind any current or future agreement with applicant(s)

**APPLICANT(S) RELEASE AND AUTHORIZATION**

By signing this application for occupancy, the undersigned applicant(s) authorize management to obtain a consumer credit report and any other information necessary in management’s sole discretion to assist in the evaluation of this application for occupancy. Applicant(s) understand and agree that any such information obtained by management may include, but is not limited to, applicant’s credit history, criminal record, evidence of any civil litigation and civil judgments, records of driving history, or any other information. Applicant(s) release management, its principals, investors, employees, agents, vendors, the owner(s) of the community or property generally described in this application, and any furnishers or suppliers of information related to the this application from any and all liability in the procurement, use, distribution and possession of all obtained information. Applicant(s) also understand and agree that the information provided in this application and other arrest, past rental history, employment history, salary information/history, vehicle records, driver’s license records, driving history or any other information may be provided to state, local and/or federal government agencies. Any disposal of information received by management shall be done in accordance with 16 CFR part 682 and N.C. Gen. Stat. § 75-64, et.seq.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT/SPOUSE/CO-SIGNER SIGNATURE

\_\_\_\_\_  
DATE