

WELLINGTON

42 AVALON DRIVE, ARDEN, NC 28704
Office: 828.684.8558 Fax: 828.681.0484

PETS MAXIMUM 1 (25 LBS or UNDER)

Name _____ Breed _____ Dog/Cat _____ Age _____
Name _____ Breed _____ Dog/Cat _____ Age _____

CREDIT REFERENCES (2 PER APPLICANT)

NAME OF BANK	BRANCH	CITY/STATE	ACCOUNT TYPE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELATIVE LIVING CLOSEST TO YOU (ONE FOR EACH APPLICANT)

NAME	ADDRESS	PHONE #	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES (TWO FOR EACH APPLICANT)

NAME	ADDRESS	PHONE #	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you, or anyone who will be living with you, ever willfully or intentionally:

REFUSED TO PAY RENT? YES _____ NO _____

FILED FOR BANKRUPTCY? YES _____ NO _____

BEEN ARRESTED? YES _____ NO _____

CHARGED WITH FELONY? YES _____ NO _____

IF YES TO ANY, PLEASE EXPLAIN _____

Everything I have stated on this application is true and correct to the best of my knowledge. I understand that you will retain this application whether it is approved or not. You are authorized to check my criminal, credit, financial, rental and employment history, as well as visit and inspect my present residence location. I agree to discuss any of the above with you in order to process my application. All reports received by Wellington are for the sole use of Wellington in the processing of this application and any information received therein will not be shared with any other person or persons.

Signature _____ Signature _____

Date _____ Date _____