

4 SEASONS VACATION RENTALS & SALES

Office: 336-246-2700 • Fax: 336-246-2701
PO Box 211 • 370 S Main St
Jefferson, NC 28640
Rentals@4SeasonsVacations.com
www.4SeasonsVacations.com

Thank you for your interest in renting a property managed by 4 Seasons Vacation Rentals & Sales.

In order to apply for occupancy for a property managed by 4 Seasons Vacation Rentals & Sales, please fill out this application in full and return it to 4 Seasons (in person, email or fax). **Everyone that plans to live in the home, age 18 or older, is required to submit a completed & signed application.**

- Non-Refundable Application Fee cash, money order and certified check
 \$65 for one applicant, \$40 for each additional applicant
- Picture I.D., i.e. DMV, Green Card, Visa or Passport may be accepted
- Proof of income pay stubs, 3 months bank statements and/or official letter from your employer, government or military or latest Leave and Earnings Statement (LES) is needed. For independent contractors, the last two (2) years tax returns are required.
- If applicable, Pet Fee must be paid before tenant may take possession of the home.
 The Pet Fee is \$300 per pet. The Pet Fee is per lease term.
 PET RESTRICTIONS IN ALL CASES: Pitbulls, Rottweilers, Chows, Dobermans, any strains thereof or family breed are not allowed due to owner's insurance liability.
- If applicable, sign & submit the "Release of Rental History" form with your application.
- 4 Seasons will perform a credit/background check at no added cost to you. You will be required to respond to the email approving the credit check in a timely manner.
- If your application is approved, your initial payments of rent, pet fee, reservation fee and security deposit must be paid with cash, money order or cashiers check. Future rents may be by personal check.

Thank you for your interest in our properties. We strive for excellent customer service. We hope to be doing business with you soon!

4 Seasons Vacation Rentals & Sales 370 S Main St -- PO Box 211 Jefferson, NC 28640 336.246.2700 336.246.2701 FAX Reserve4Seasons@gmail.com www.4SeasonsVacations.com

Authorization Of Information Release

Applicant will submit an application fee of \$65 (1 Adult) plus \$40 for each additional applicant age 18+ for the purpose of being considered as a tenant. The application fee is non-refundable, whether or not the applicant becomes a tenant in the premises. Applications will not be processed until fee is paid.

Each applicant understands that the agent represents the Owner of the premises.

Each applicant certifies information provided in this application is true and accurate to the best of their knowledge. If any applicant withholds or gives false information, this application is considered void and the owner may terminate the lease agreement.

The Owner of the premises you are applying for carries insurance on the dwelling only. You must acquire renters insurance for your own household goods. Neither the agent nor the owner of the property is responsible for damages to your personal property. Proof of insurance will be required before possession of rental property is granted.

If application(s) is approved, Agent must receive rent, lease processing fee, security deposit and fuel prorations (as applicable), pet fee (as applicable) in certified funds or cash within 24 hours of application approval. Property remains on the market until these monies are received along with the signed lease.

Owner and Agent are pledged by the letter and spirit of the U.S. policy for achievement of equal housing opportunity. We encourage and support affirmative advertising and marketing programs in which there are not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, elderliness, national origin, sexual orientation, or gender.

Megan's Law Disclosure:

Applicant(s) should exercise whatever due diligence they deem necessary with respect to information on any sex offenders registered under Chapter 23 (19.2-387 et seq.) of Title 19.3. Such information may be obtained by contacting your local police department or the Virginia State Police, Central Criminal Records Exchange, at 804-674-2000 or on the Internet at http://sex-offender.vsp.virginia.gov.sor/.

Release Of Information:

I, in connection with this application, authorize all Companies, Credit Agencies, Banks, Persons, Educational Institutions, Law Enforcement Agencies, Military Services and current and former Employers, current & former Landlords to release information, they may have about me to 4 Seasons Vacation Rentals & Sales and their agents, and release them from any liability or responsibility for doing so. I authorize procurement of an investigative consumer report, credit history report and background history report and understand that such a report may contain information about my character and personal reputation and that further information may be made available upon written request within a reasonable period of time. I also understand that a criminal background check will be obtained relevant to this application. I understand this notice will also apply to any further update reports that may be requested.

Applicant's Printed Name:		
Social Security #:	Date Of Birth:	
Applicant's Signature:		(Seal)
Applications submitted on:/	_/ at(Time)	a.m./p.m.

THANK YOU!

APPLICATION FOR TENANCY

PLEASE BRING THE COMPLETED APPLICATION TO OUR OFFICE, or EMAIL TO: Reserve4Seasons@gmail.com or FAX TO: 336-246-2701 ~ THANK YOU!

Application is hereby made to lease	the premises at		
beginning on the day of	(month). Lease term	requested:	
Pet Fee: \$	Monthly Rent: \$		
APPLICANT INFORMATIO	N		
Name:	SS#:		
Date of Birth:/	NCDL#		
Current Address:			
		long at current address:	
Cell Phone #:	E-mail:		
If applicable, relationship to co-app	licant:		
☐ Rent or ☐ Own Monthly Rent: 9	\$ Do	you have a lease: \square Yes \square No	
Expiration Date:/	Notice Given:	☐ Yes ☐ No	
Name of current landlord:			
		Fax#:	
Name of former landlord:			
		Fax#:	
Reference:	Relationship:	Phone:	
Reference:	Relationship:	Phone:	
Do you own real estate: \square Yes \square	No If yes, where:		
In case of emergency, notify:	Name: (not co-applicant))	
Relationship: Address:		Phone #:	
List all persons who will occupy Name Relationship		SS#	
		/	

EMPLOYMENT INFORMATION

Length of Employment:		
Telephone #:		
_ per (week/month/year)		
Sourceate maintenance income or its source, unless applicant wishes it to		
copy of orders/LES): Active Military \square Yes \square No		
Rank/Rate:		
f current enlistment:/		
No Yes No No If yes, provide discharge date:// rental unit? Yes No Yes No No Yes No Outstanding Debts & Monthly Payment \$		
TION		
Account #:		
_ Account #:		
beds are NOT permitted. v? Spayed/Neutered? ☐ Yes ☐ No		