

CALDWELL COUNTY

Teacherage Rental Application

The Education Foundation Inc. of Caldwell County invites you to complete an application for consideration to join the Education Foundation family and the privilege of living in the Grover and Alma Triplett Teacherage.

The application process involves completing the Education Foundation Rental Application and interviewing with the Foundation Teacherage Committee. The Education Foundation Inc. of Caldwell County does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, familial status, sexual orientation, or military status, in any of its activities or operations.

Before completing application you must have proof of employment/contract from The Caldwell County Schools Board of Education and have read and agreed upon the Education Foundation Inc. of Caldwell County's Residential Rental Agreement.

I have read and understand all Owner/Agent/Tenant rules and regulations found in the Education Foundation Inc. of Caldwell County Residential Rental Agreement and have a first – third year contract with The Caldwell County Schools Board of Education.

Print:			
Signature:		Date:	
THE PROPERTY			
Apartment Unit			
Rent Amount: \$	/Month		
Street Address: 1015 Ashe	Avenue, NW, Lenoir, NC	28645	

Parking on property in back of building. No pets allowed. No smoking on the premises.

TENANCY

Length of Stay:			Start Date:
APPLICANT DE	TAILS		
Full Name:		DOB:	SSN:
Driver's License N	No	Conta	ct Number:
E-Mail:			
Other Occupants?	□ Yes □ No		
If Yes, Describe: _			
Vehicles? ☐ Yes [□ No		
If Yes, Describe: _			
Ever Been Convic	ted of a Crime? ☐ Y	es □ No	
If Yes, Describe: _			
Ever Filed for Ban	kruptcy? 🗆 Yes 🗆 🗎	No	
If Yes, Describe: _			
Ever Been Evicted	l? □ Yes □ No		
If Yes, Describe: _			
CURRENT EMP	LOYMENT		
Company:	C	Occupation/Title:	
How Long?	Gross Incom	ne: \$	(From Prior Year Tax Filing)
Street Address:			
City:	State:	Su	pervisor:

PREVIOUS EMPLOYMENT

Company:	Occupation/Title:		
How Long?	Gross Incor	me: \$)	
Street Address:			
City:	State:	Supervisor:	
CURRENT RES	IDENCE		
Type (Apt, Home	, Condo):	Square Feet (SF):	
Bedrooms:	_ Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	_
How long at this A	Address?	Current Lease Expiration Date:	
Desire for Moving	g?		
Phone:	E-Mail:		
PREVIOUS RES	SIDENCE - 1		
Type (Apt, Home	, Condo):	Square Feet (SF):	SF
Bedrooms:	_ Rent Amount: \$	/Month	
Street Address:			
City:	State:	Zip:	_
Start Date:	End Date:		

PREVIOUS LANDLORD - 1

Name:			
Address:			
Phone:	_ E-Mail:		
PERSONAL REFERE	ENCES		
Full Name:		_ Relationship:	
E-Mail:	Pi	hone:	
Full Name:		_ Relationship:	
E-Mail:	P	hone:	
Full Name:		_ Relationship:	
E-Mail:	P	hone:	
FINANCIAL INFORM	MATION		
Bank:	Account #	Routing #	
Branch Location		Type: Checking Savings	
Bank:	Account #	Routing #	
Branch Location		Type: Checking Savings	
CONSENT AND ACK	NOWLEDGMENT		
on this application is true and facts, including but references. Applicant he Credit Reports, Tele che additional credit and/or or incorrect information result in denial of tenances.	ne and correct. Application of limited to current creby authorizes owner ecks, and/or Criminal personal references up provided in the application. Applicant hereby was a series of the control of the application of the appl	age. Applicant represents that all information givent hereby authorizes verification of all reference and previous landlords, employers, and personar/agent to obtain any and all Unlawful Detainer, Background Reports. Applicant agrees to furnish on request. Applicant understands that incomplication may cause a delay in processing which may vaives any claim and releases from liability any in or additional information.	es l h ete
Applicant's Signature		Date	