

# Ball Properties

Ball Rentals, LLC \* DEB Development Services, Inc.  
1401 Aversboro Rd, Suite 206  
Garner, NC 27529

(PLEASE NOTE: There is a \$20 application fee for each person on the application, payable when application is submitted.)

## APPLICATION INFORMATION

### PRIMARY APPLICANT:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
HOME # ( ) - \_\_\_\_\_ CELL # ( ) - \_\_\_\_\_ WORK # ( ) - \_\_\_\_\_  
HOUSEHOLD EMAIL ADDRESS: \_\_\_\_\_

### SPOUSE:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
HOME # ( ) - \_\_\_\_\_ CELL # ( ) - \_\_\_\_\_ WORK # ( ) - \_\_\_\_\_

OTHER OCCUPANTS: \_\_\_\_\_  
PETS (NUMBER AND KIND) \_\_\_\_\_

## RESIDENCE HISTORY FOR THE PAST 4 YEARS

### CURRENT:

STREET ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATES OF OCCUPANCY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
OWNER / LANDLORD NAME: \_\_\_\_\_ HAVE YOU GIVEN NOTICE \_\_\_\_\_  
LANDLORD PHONE NUMBER: \_\_\_\_\_ # OF LATE PAYMENTS \_\_\_\_\_  
RENTAL RATE: \_\_\_\_\_ WERE YOU EVICTED \_\_\_\_\_

### PREVIOUS:

STREET ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATES OF OCCUPANCY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
OWNER / LANDLORD NAME: \_\_\_\_\_ HAVE YOU GIVEN NOTICE \_\_\_\_\_  
LANDLORD PHONE NUMBER: \_\_\_\_\_ # OF LATE PAYMENTS \_\_\_\_\_  
RENTAL RATE: \_\_\_\_\_ WERE YOU EVICTED \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATES OF OCCUPANCY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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OWNER / LANDLORD NAME:	HAVE YOU GIVEN NOTICE
LANDLORD PHONE NUMBER:	# OF LATE PAYMENTS
RENTAL RATE:	WERE YOU EVICTED

## EMPLOYMENT HISTORY FOR THE PAST 4 YEARS

### PRIMARY APPLICANT

CURRENT EMPLOYER:				
ADDRESS:	CITY	STATE	ZIP	
WORK PHONE NUMBER:		FAX #		
SUPERVISORS NAME:				
SUPERVISORS NUMBER:		FAX #		
SALARY	PER YR/MO/HR	# OF HRS/ WK		
OCCUPATION		EMPLOYMENT DATES:		

### SPOUSE

CURRENT EMPLOYER:				
ADDRESS:	CITY	STATE	ZIP	
WORK PHONE NUMBER:		FAX #		
SUPERVISORS NAME:				
SUPERVISORS NUMBER:		FAX #		
SALARY	PER YR/MO/HR	# OF HRS/ WK		
OCCUPATION		EMPLOYMENT DATES:		

EMERGENCY CONTACT:	RELATIONSHIP
ADDRESS:	PHONE #

### \*\*Income required to qualify for a rental property.

Your monthly income must equal or exceed 3x the monthly rent.

Example: Monthly rent: \_\_\_\_\_ X 3= \_\_\_\_\_

BEFORE YOU RETURN YOUR APPLICATION, PLEASE CHECK THE FOLLOWING:

HAVE YOU INCLUDED YOUR SOCIAL SECURITY?

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HAVE YOU PROVIDED CURRENT AND PRIOR LANDLORD NAMES AND PHONE NUMBERS?

HAVE YOU PROVIDED THE REQUESTED EMPLOYMENT INFORMATION?

HAVE YOU SIGNED THE APPLICATION?

HAVE YOU INCLUDED THE APPLICATION FEE?

APPLICANT NAME (S) \_\_\_\_\_

I / we certify the information provided is true and complete to the best of my / our knowledge and understand that falsified information on this application shall be grounds for denial. I authorize BALL RENTALS, LLC to make inquires, do credit checks and verify rental, employment and or criminal histories.

Applicant's Signature \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date \_\_\_\_\_

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