



Dear Applicant:

Attached is the rental application. Please fill out the application and submit with the required documentation and the application fee of \$50.00.

If you have any questions, please do not hesitate to contact us.

Looking forward to working with you!

Kingdom CDC
Property Manager

"We Build Communities One House at a Time"

129 N MAIN STREET • SPRING LAKE, NC 28390 • (910) 484-2722 PH • (910) 484-5630 FX

Revised 05/27/2020



Required Documents Checklist

1. Fill out the attached forms (intake application, credit report authorization form), making sure they are complete, signed and dated.
2. Gather your most recent month's paystubs for all borrowers, proof of additional income, your two(2) most recent bank statements and your 20____ tax return including your W-2's and tax schedule.

_____ All intake forms completed (intake application and credit report authorization form)

_____ Month's most recent paystub

_____ 2 most recent bank statements

_____ Tax Returns

_____ \$50.00 non-refundable application fee received (either money order, cashier's check or cash)


Kingdom Community
DEVELOPMENT CORPORATION
Rental Intake Application

Applicant:

Applicant Name: _____
Current Address: _____ How long: _____
Landlord Name and Phone #: _____
Previous Address if less than 2 yrs: _____
Birthdate: ____/____/____ SSN: _____ - _____ - _____
Email Address: _____ Phone (s): _____
Highest Level of education completed: _____
Ethnicity: White Black or African American American Indian or Alaskan Native Asian
Hispanic or Latino Other
Marital Status: Single Married Divorced Separated Widowed
Total # of Dependents: _____ Age of Dependents: _____
Veteran Status: Active Retired Disabled Veteran Dependent of Veteran Not a Veteran
Current Employer: _____
Gross Monthly Income: _____
How long on current job: _____ Less than 2 years previous employer: _____
Other Sources of Income: _____ Amount of Income: _____

Co-Applicant:

Co-Applicant Name: _____
Current Address: _____ How long: _____
Landlord Name and Phone #: _____
Previous Address if less than 2 yrs: _____
Birthdate: ____/____/____ SSN: _____ - _____ - _____
Email Address: _____ Phone (s): _____
Highest Level of education completed: _____
Ethnicity: White Black or African American American Indian or Alaskan Native Asian
Hispanic or Latino Other
Marital Status: Single Married Divorced Separated Widowed
Total # of Dependents: _____ Age of Dependents: _____
Veteran Status: Active Retired Disabled Veteran Dependent of Veteran Not a Veteran
Current Employer: _____
Gross Monthly Income: _____
How long on current job: _____ Less than 2 years previous employer: _____
Other Sources of Income: _____ Amount of Income: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

