

Tenant Application

220 E. Front Street, New Bern, NC



Fax 888-425-9040

| | |
|-----------------------------------|---------------|
| Which unit are you interested in? | For How Long? |
| | |

| Name of every person who will be living at the above address | Birth Date | Email Address | Phone Number | Social Security | Driver's License and State of issue |
|--------------------------------------------------------------|------------|---------------|--------------|-----------------|-------------------------------------|
| | | | | | |
| | | | | | |

| Current Employer | Address | Phone Number | How long at this company |
|------------------|---------|--------------|--------------------------|
| | | | |

| Current Address AND Previous Address | Contact Name | Phone Number | How long at residence |
|--------------------------------------|--------------|--------------|-----------------------|
| | | | |
| | | | |

| Contact in Case of Emergency | Relationship | Phone Number | Address |
|------------------------------|--------------|--------------|---------|
| | | | |

| Vehicles | Make | Color | License Plate # |
|----------|------|-------|-----------------|
| | | | |
| | | | |

By signing this form you give GO Property Management LLC the right to verify and check the information contained above, run a criminal background check, and credit report.

_____ Signature _____ Date