

RENTAL APPLICATION

7725 DORCHESTER ROAD
N. CHARLESTON, SC 29418
PH: 552-2552

APPLICATION FEE PAID _____
APT# _____
MOVE IN DATE _____
DEPOSIT _____

#OF BEDROOMS _____ DATE NEEDED _____
APPLICANT'S FULL NAME _____
DATE OF BIRTH _____ MARITAL STATUS _____
PRESENT ADDRESS _____
PRESENT TELEPHONE _____ PRESENT LANDLORD _____ PH. _____
HOW LONG THERE? _____ AMT. OF RENT _____ REASON FOR MOVING _____

EMPLOYER _____ HOW LONG? _____
EMPLOYER'S ADDRESS _____
POSITION _____ SSN _____
INCOME PER MONTH _____ OTHER INCOME _____

*If you are a member of the US Armed Forces, please complete the following information:

BRANCH OF SERVICE _____
SQUADRON _____ RATING _____ POSITION _____
WORK TELEPHONE _____

CO-APPLICANT'S FULL NAME _____
DATE OF BIRTH _____ MARITAL STATUS _____
PRESENT ADDRESS _____ PRESENT TELEPHONE _____
PRESENT LANDLORD _____
HOW LONG THERE? _____ AMT. OF RENT _____
REASON FOR MOVING _____
EMPLOYER _____ HOW LONG? _____
EMPLOYER'S ADDRESS _____
POSITION _____ SSN _____
WORK TELEPHONE _____
INCOME PER MONTH _____ OTHER INCOME _____

NO. OF CHILDREN _____ AGES _____
AUTOMOBILE MAKE _____ MODEL _____ YR. _____ COLOR _____
LICENSE TAG NO. _____ STATE _____
AUTOMOBILE MAKE _____ MODEL _____ YR. _____ COLOR _____
LICENSE TAG NO. _____ STATE _____
APPLICANT'S DRIVER'S LICENSE# _____ STATE _____
CO-APPLICANT'S DRIVER'S LICENSE# _____ STATE _____

REFERENCES: BANK NAME _____ ADDRESS _____
BRANCH _____ CHECKING ACCT. # _____
CREDIT REFERENCE _____ ACCT. NO. _____
ADDRESS _____
CREDIT REFERENCE _____ ACCT. NO. _____
ADDRESS _____

IN CASE OF EMERGENCY NOTIFY: _____
ADDRESS _____ PHONE _____ RELATION _____

RENTAL APPLICATION

I hereby make application for an apartment and certify that the above information is correct. I hereby authorize you to contact any of the credit references listed above. SECURITY DEPOSIT IS NON-REFUNDABLE AFTER 48 HOURS OF SIGNING APPLICATION.

/application fee is non-refundable.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

UTILITY RESPONSIBILITY FORM

Community: _____ Apartment #: _____

I am assuming the responsibility of contacting all the necessary utility companies in order to change the services into my own name. This will be done before I move into my new apartment.

I have received from the undersigned representative the contact numbers for these utility companies.

I agree that the electrical, water, and sewer services in my new apartment will be placed in my name as of _____.

I also agree that I will be responsible for and immediately reimburse the property for any utilities which are not changed into my name by the above stated date.

Resident

Date

Resident

Date

Manager