

RENTAL APPLICATION

North Village
4747 Lambs Road
(843) 552-4100
Fax (843) 767-1901

FOR OFFICE USE ONLY	
APT.#	_____
MOVE-IN DATE	_____
RENT AMT	_____
APP FEE RECV'D	_____
DEPOSIT RECV'D	_____
OTHER	_____
APPROVED	DENIED

PLEASE TELL US ABOUT YOURSELF

APPLICANT NAME _____ Phone(____) _____

Address _____

Date of Birth _____ Social Security # _____ Driver's Lic. # _____

SPOUSE NAME _____ Phone # (____) _____

Date of Birth _____ Social Security # _____ Driver's Lic. # _____

**Co-Applicants and Roommates MUST fill out separate applications.*

Full Names of all Occupants	Date of Birth	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY HISTORY

CURRENT ADDRESS (Apartment Community Name) _____

Street Address _____ City, State, Zip _____

Dates From _____ To _____ Monthly Payment \$ _____

Current Landlord _____ Phone # (____) _____

Reason for Leaving _____

PREVIOUS ADDRESS _____

Street Address _____ City, State, Zip _____

Dates From _____ To _____ Monthly Payment \$ _____

Current Landlord _____ Phone # (____) _____

Reason for Leaving _____

HAVE YOU EVER: Been sued for non-payment? ___ Yes ___ No
Been evicted or asked to move out? ___ Yes ___ No
Broken a Rental Agreement or Lease? ___ Yes ___ No
Been sued for damage to rental property? ___ Yes ___ No
Declared Bankruptcy? ___ Yes ___ No
Have you ever been convicted of a crime? ___ Yes ___ No
If "yes," what conviction? _____

EMPLOYMENT INFORMATION

YOUR STATUS ___ Full Time ___ Part Time ___ Student ___ Retired ___ Not Employed

CURRENT EMPLOYER _____

Address _____ Phone # (____) _____

Dates Employed From _____ To _____ Position _____

Supervisor _____ Gross Salary \$ _____ Monthly / Weekly

PREVIOUS EMPLOYER _____

Address _____ Phone # (____) _____

Dates Employed From _____ To _____ Position _____

Supervisor _____ Gross Salary \$ _____ Monthly / Weekly

SPOUSE EMPLOYER _____

Address _____ Phone # (____) _____

Dates Employed From _____ To _____ Position _____

Supervisor _____ Gross Salary \$ _____ Monthly / Weekly

If there are any other sources of income you would like us to consider, please list the income, source and the individual we could contact for confirmation. You do NOT need to include alimony or child support as these are not considered as income.

Amount \$ _____ Per _____ Source _____ Phone # (____) _____

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____ Year _____ Color _____ Tag No. & State _____

Make/Model _____ Year _____ Color _____ Tag No. & State _____

Other Car, Motorcycle, Etc. _____

If Management has any questions about your application, where can you be located?

Day Phone (_____) _____ Evening Phone (_____) _____

IN CASE OF EMERGENCY

Contact Person _____ Relationship to you _____

Phone Number(s) _____

APPLICATION FEES

I submit the sum of \$_____, in which is a non-refundable payment, to be retained for cost's accrued and the agent's time and effort in processing this application. I warrant that all statements above are true; however, should any statement made above be a misrepresentation or not a true statement of facts, I understand that this application will be disapproved.

SECURITY DEPOSIT

I hereby deposit \$_____ with Management as a deposit in connection with this rental application. If my application is accepted, I understand this deposit will be used to reserve an apartment for me and will be held as a guarantee against any damage that may be caused by me, or my guests, for the duration of my residency. If Management accepts my application, I agree to execute a lease for _____ months, on or before the stated date set forth in this application. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages by reason of non-acceptance.

I understand that I may cancel this application by written notice within **48 hours** and receive a full refund of this deposit. If I call after 48 hours, or fail to execute a lease for **one year**, or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited by me to aid community as liquidated damages.

I AUTHORIZE MANAGEMENT TO CONTACT PRESENT AND PREVIOUS LANDLORD(S) & EMPLOYER(S) WITH THE CREDIT AND PERSONAL REFERENCES THAT I HAVE PROVIDED IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT, RUN A CRIMINAL BACKGROUND & SEX OFFENDER CHECK, AND OBTAIN EVICTION & BAD CHECK REPORTS IN ORDER TO QUALIFY.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

North Village Apartments

4747 Lambs Road
North Charleston, SC 29418
(843) 552-4100
Fax (843) 767-1901

TO: _____

Please fill in the information below and return to us via fax. The release of information is granted, please see signature below. Thank you for your prompt attention to this matter.

Employee's Name _____

Position _____

Length of Employment From _____ To _____

Rate of Pay \$ _____ per _____ (hour, week, month, year)

Does Employee earn commission or tips? _____

If yes, average commission/tips per period _____

Length of pay period _____ (daily, weekly, bi-weekly, monthly)

Average hours worked per pay period _____

Authorized Signature

Position

Please Print Name

Date

I authorize management to contact present and previous landlord(s) and employer(s) with the credit and personal references that I have provided in this application. I also authorize management to obtain my consumer credit report, run a criminal background and sex offender check, and obtain eviction and bad checks reports in order to qualify.

Signature of Applicant

Date

