



Charleston East Apartments L.L.C. Rental Application

Date _____

Agent _____

Lease Term _____ Lease Date _____ Number of Bedrooms _____

Rent \$ _____ App Fee \$ _____ Move-in Date _____ Security Deposit \$ _____

SEPARATE APPLICATIONS MUST BE COMPLETED FOR CO-RESIDENTS OTHER THAN SPOUSE AND CHILDREN.

Applicant's Name		Date of Birth		Social Security Number	
Drivers License Number		State	Home Telephone Number		Cellular Phone Number
Spouse's Name		Date of Birth		Social Security Number	
				Drivers License Number & State	
Other Occupants: Name		Date of Birth	Relationship	Other Occupants: Name	

Do You Have Pets? Yes No

How Many? Type and Size? (Pets may not exceed 35 pounds and can have a maximum height of 16 inches at shoulder)

Residence

Present Address		City	State	Zip	Apt #	How long?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Present Landlord/Owner			Monthly Rent/Payment		Owner/Landlord Telephone Number		
Previous Address		City	State	Zip	Apt #	How long?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous Landlord/Owner			Monthly Rent/Payment		Owner/Landlord Telephone Number		

Employment

Applicant's Present Employer		Position/Occupation		Supervisor's Name		Telephone Number	
Address		City	State	Zip	Salary	How Long?	
					\$ _____ per _____		
Applicant's Previous Employer		Position/Occupation		Supervisor's Name		Telephone Number	
Address		City	State	Zip	Salary	How Long?	
					\$ _____ per _____		
Spouse's Present Employer		Position/Occupation		Supervisor's Name		Telephone Number	
Address		City	State	Zip	Salary	How Long?	
					\$ _____ per _____		
Spouse's Previous Employer		Position/Occupation		Supervisor's Name		Telephone Number	
Address		City	State	Zip	Salary	How Long?	
					\$ _____ per _____		

Additional Sources of Income

Source of Other Income	Which Applicant?	\$ _____ per _____
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Financial

Have you, or your spouse, or any occupant above ever: Been evicted or asked to move out? Broken a rental agreement or lease contract? Been sued for nonpayment of rent?
 Declared bankruptcy? Been sued for damage to rental property? Been convicted of a felony? Received deferred adjudication for a felony? Please explain by stating year, location, and type of each felony. Note: You represent the answer "NO" to any block not checked above.

Bank Reference - Name	Account Type	Account #	Address	City	State	Zip
Credit Reference - Name	Account #		Address	City	State	Zip

Autos

Make	Model	Year	Color	License # and State
Make	Model	Year	Color	License # and State

Market Source

How Did You Hear About Us?	Why Are You Moving?
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Emergency Information

Name	Relationship	Telephone Number	Address	City	State	Zip
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RECREATIONAL VEHICLES, boats or trailers are prohibited without written Management approval.

A non-refundable charge of \$ _____ is required for processing this application. Acceptance of application, and any monies deposited, are not binding upon landlord until application is approved. If application is approved, a holding fee of \$ _____ must be paid by applicant; said fee will be applied to the applicant's account at the time of move-in. Applicant may withdraw this application within 72 hours and all monies given therewith shall be refunded except for the processing charge. If applicant cancels after 72 hours or fails to execute a rental agreement, or refuses to occupy premises on agreed upon date, all monies given therewith shall be retained by landlord as liquidated damages. If applicant is not approved, all monies, less the processing charge, shall be returned to applicant.

I/We certify that the information given herein is complete, true, and correct. Landlord, his employees, or his agents are hereby authorized to verify the accuracy and correctness of these statements, to communicate with my/our employers and creditors, and to procure other such information which may be required to evaluate this application. Such information may include, but is not limited to, a credit bureau report. I/We also understand that my/our application information may be provided to various local, state, and/or federal agencies, including without limitation, various law enforcement agencies. Any false or incomplete statements made in this application may constitute grounds for denial of this application.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Landlord's Signature: _____ Date: _____

UPON ACCEPTANCE, APPLICANT MUST PROVIDE PROOF OF RENTER'S INSURANCE ON OR BEFORE THE MOVE-IN DATE