

THE SHORES AT ELDER'S POND

Rental Application

Account # _____

Please Print Clearly/Type

TYPE OF APPLICATION: _____ COMPLEX _____ DATE: _____

The undersigned hereby agrees to execute a lease, in the event of the approval of the rental application for the following apartment.

TYPE: _____ ADDRESS: _____

MONTHLY RENTAL AMOUNT \$ _____ TERM (in months) _____ MOVE-IN-DATE _____ SECURITY DEPOSIT \$ _____

ADMINISTRATION FEE \$ _____ LEASE START DATE _____ LEASE EXPIRATION DATE _____

The sum of \$ _____ is deposited herewith to secure a unit reservation with the express understanding that it will be returned if the application is NOT approved. In the event the application is cancelled by me, I agree that the unit reservation deposit shall be forfeited. In addition, I agree to pay with this application a non-refundable Fee of \$ _____ for processing the application, which I understand will NOT be applied toward my rent.

APPLICANT (#1) _____

First Name Middle Last Name

APPLICANT (#2) _____

First Name Middle Last Name

OTHER OCCUPANTS NOT ON LEASE:

(1) _____ (2) _____
Name Birthdate Age Name Birthdate Age

DO YOU HAVE A PET? _____

APPLICANT # 1

Name _____

Date of Birth _____ Social Security # _____ / _____ / _____ Driver's License # _____ Issuing State _____

Address: _____ City _____ State _____ Zip _____

How Long _____ Present Rent \$ _____ Res. Phone # _____ Daytime Phone # _____

Landlord Name, Address & Phone: _____

Your previous residence (if above is less than three years)

Address

How Long?

Previous Landlord's Name & Address _____ Phone _____

Gross Weekly Income \$ _____ Gross Yearly Income \$ _____ Occupation/Job Title _____

Employer _____ Length of Employment _____

Employer's Address _____

Employer's Phone: _____ Supervisor: _____

Previous Employer (if above is less than three years) _____ Length of Employment _____

Employer's Address _____

Employer's Phone: _____ Supervisor: _____

APPLICANT # 2

Name _____

Date of Birth _____ Social Security # _____ / _____ / _____ Driver's License # _____ Issuing State _____

Address: _____ City _____ State _____ Zip _____

How Long _____ Present Rent \$ _____ Res. Phone # _____ Daytime Phone # _____

Landlord Name, Address & Phone: _____

Your previous residence (if above is less than three years)

Address

How Long?

Previous Landlord's Name & Address _____ Phone _____

Gross Weekly Income \$ _____ Gross Yearly Income \$ _____ Occupation/Job Title _____

Employer _____ Length of Employment _____

Employer's Address _____

Employer's Phone: _____ Supervisor: _____

Previous Employer (if above is less than three years) _____ Length of Employment _____

Employer's Address _____

Employer's Phone: _____ Supervisor: _____

CREDIT REFERENCE

Number of Automobiles _____ Yr. _____ Make _____ Model _____ Plate No. _____ State _____ Color _____

Number of Automobiles _____ Yr. _____ Make _____ Model _____ Plate No. _____ State _____ Color _____

Closest Relative in case of an Emergency _____ Relationship _____

Address: _____ Phone () _____

To facilitate investigation in connection with the processing of this application, the undersigned has furnished the names of references, and authorizes and directs said persons to give any information concerning me, hereby assuming full responsibility for name and waiving ALL rights of action for any consequences as a result of such investigation. The undersigned also authorizes management to secure any credit information or other information concerning the background of the applicant in connection with this application.

APPLICANT #1 _____ / _____
Signature Date

APPLICANT #2 _____ / _____
Signature Date

Authorization for Release of Information

TO WHOM IT MAY CONCERN:

I, _____ authorize the release of any and all records and reports and other pertinent information in your possession to P.I.C. properties (a division of Pulliam Investment Company, Inc.) or to any representative, attorney or investigator from said firm.

Your full cooperation with the above named firm is requested. You are further requested to disclose no information to other persons or organizations without my written consent to do so.

Signature

Date

Social Security Number

Date of Birth

The above information will be used solely to determine the qualifications of the above applicant.





The Shores at Elder's Pond

4500 Hardscrabble Road . Columbia, SC 29229

Phone: 803.462.0024 Fax: 803.462.0508

Rental History Verification

Date: _____

Number of pages: _____

To: _____

Company: _____

From/Title: _____

To be completed by applicant:

Name of previous resident: _____

Social security #: _____

Address: _____

City/State/Zip: _____

Unit Number: _____

To be completed by rental property owner or management:

Move In Date: _____

Move Out Date: _____

Monthly Rental Amount: _____

Did the resident pay rent on time? Yes No

Did the resident give proper notice to vacate? Yes No

Would you rent to this person again? Yes No

If no, please explain why: _____

Was court action necessary? Yes No

Number of late payments: _____

Did the resident vacate owing a past due balance? Yes No

Please explain reason for past due balance: _____

Verified by: _____ Title: _____

The above information will be used solely to determine the qualifications of the above applicant.



Equal Housing Opportunity