



SOUTHEASTERN
MANAGEMENT GROUP

BUY MANAGE SELL

151 KING STREET, CHARLESTON, SC
FAX 843-577-8597
843-577-8595

LEASE APPLICATION

APARTMENT WANTED _____
BEGINNING ON _____ THRU _____
FULL NAME _____ PHONE _____
EMAIL _____
PREFERRED METHOD OF CONTACT _____
HOW DID YOU HEAR ABOUT THIS RENTAL? _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____
DRIVER'S LICENSE # _____ MARITAL STATUS _____
REASON FOR MOVING _____
NAMES AND PHONE #'S _____
OF OTHER OCCUPANTS _____
PETS (NUMBER AND KIND) _____

EMPLOYMENT INFORMATION

YOUR STATUS: __ FULL TIME __ PART TIME __ STUDENT __ RETIRED __ UNEMPLOYED
CURRENT EMPLOYER _____
ADDRESS _____
SUPERVISOR _____ PHONE _____
POSITION _____ HOW LONG _____
SALARY _____ PER _____
PREVIOUS EMPLOYER _____
ADDRESS _____
SUPERVISOR _____ PHONE _____
POSITION _____ DATES EMPLOYED _____
SALARY _____ PER _____

BANK AND CREDIT REFERENCES

BANK _____ ACCOUNT # _____
HAVE YOU EVER BEEN EVICTED? _____ *IF YES, PLEASE EXPLAIN BELOW.
HAVE YOU EVER BEEN IN BANKRUPTCY? _____
ARE YOU PLANNING ON FILING BANKRUPTCY? _____
ARE YOU RESPONSIBLE FOR YOUR SHARE OF RENT? _____
IF NOT, WHO IS? _____ PHONE _____

RESIDENCE HISTORY

PRESENT ADDRESS _____
LANDLORD _____ LANDLORD'S PHONE _____
HOW LONG AT PRESENT ADDRESS _____
REASON FOR LEAVING _____
AMOUNT OF RENT _____
PREVIOUS ADDRESS _____
MONTH & YEAR MOVED IN _____ MOVED OUT _____
REASON FOR LEAVING _____
OWNER OR AGENT _____ PHONE # _____
AMOUNT OF RENT _____
PREVIOUS ADDRESS _____
MONTH & YEAR MOVED IN _____ MOVED OUT _____
REASON FOR LEAVING _____
OWNER OR AGENT _____ PHONE # _____
AMOUNT OF RENT _____

MISCELLANEOUS

DO YOU HAVE ANY SPECIAL NEEDS OR REQUIREMENTS DUE TO A PHYSICAL OR MENTAL DISABILITY? _____ IF YES, PLEASE EXPLAIN BELOW.
IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____
RELATIONSHIP _____
ADDRESS _____ PHONE # _____
IF YOU ARE A STUDENT, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF YOUR PARENTS: _____

- PROPERTY IS RENTED ON A "FIRST COME, FIRST SERVE" BASIS.
- SOUTHEASTERN MANAGEMENT GROUP, INC. ACTS AS AN AGENT FOR AND IS EMPLOYED BY THE OWNERS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I AUTHORIZE SOUTHEASTERN MANAGEMENT GROUP, INC. TO CHECK MY REFERENCES AND MY CREDIT.

IF ANY OF THE FACTS STATED IN THE APPLICATION ARE PROVED TO BE FALSE, THE LANDLORD SHALL HAVE THE RIGHT TO TERMINATE THE TENANCY IMMEDIATELY.

TENANT AND ONLY THOSE PERSONS NAMED IN THE APPLICATION SHALL OCCUPY OR USE THE PREMISES AS A RESIDENCE.

PLEASE BE AWARE THAT ANY INFORMATION INCLUDED ON THIS PAGE WILL BE SHARED WITH PREVIOUS LANDLORDS IN ORDER TO VERIFY ALL REFERENCES.

APPLICANT'S SIGNATURE _____ DATE _____

****A PARENT CO-SIGNATURE IS REQUIRED ON THE LEASE FOR ALL RENTAL APPLICANTS UNDER THE AGE OF 25.***