

Rock Hill Property Management

Positive identification is required (Example Drivers license or ID card) Please show this identification when applying so that we may make a copy. Also, we need verification of your income. Examples: pay stubs, tax returns, retirement statements, social security statements, etc. Carefully Print Thank you.

NAME _____, _____, _____ telephone # _____
last first middle

List any other names you have had in the past _____
Single _____ Married _____ Divorced _____ Separated _____

DATE OF BIRTH (MM/DD/YR) ____ / ____ / ____ SOCIAL SECURITY NUMBER ____ - ____ - ____

CURRENT ADDRESS _____ | _____ | _____ | _____ | _____ | _____ | _____
Street city state zip landlord rent amount how long

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT OTHERS TO LIVE IN THE HOUSE.

NAME	SOCIAL SECURITY #	BIRTH DATE	RELATIONSHIP
_____	- - -	/ /	_____
_____	- - -	/ /	_____
_____	- - -	/ /	_____
_____	- - -	/ /	_____
_____	- - -	/ /	_____

FORMER ADDRESS _____
Street city state zip landlord & phone # rent how long

EMPLOYER _____ ADDRESS _____ TEL # _____

POSITION _____ HOW LONG EMPLOYED _____ SALARY (BEFORE TAX) _____
monthly? weekly?

CAR 1 TAG# _____ CAR 2 TAG# _____ CAR 3 TAG# _____

List any other source of income that you would be dependent upon to pay the rent

1st Person to contact in case of emergency _____ tel # _____

2nd Person to contact in case of emergency _____ tel # _____

Have you ever declared Bankruptcy? _____ If yes, when _____

Have you ever been convicted of a felony? _____ If yes, when _____ What for _____

Credit References
NAME ADDRESS PAYMENT AMT. # REMAINING PMTS

PLEASE PRINT YOUR NAME AND BIRTHDAY ONE MORE TIME, READ AND SIGN AT THE BOTTOM

I, _____, _____, agree to and authorize the release of any
name birthday
information in Police and/or Court and/or Social Security Records and/or Utility Records involving me to Rock Hill Property Management for the purpose of qualifying for rental or in attempts to locate in the future. By signing this application, I give permission for my credit to be checked now or in the future and also agree to pay the fee charged for this service. Information given above is true and if false will be added justification for rejection. I agree this application will be retained whether or not it is approved.

SIGNATURE _____ WITNESSED _____