



Resident Application

 Name(s) of Applicant(s) (the "Applicant" whether one
 or more) here by applies on _____, 20____, to _____
 (the "Property") for occupancy beginning _____, 20____ for unit # _____.
 DOB: _____ Social Security #: _____ Work/Cell #: _____
 Driver's License #/State: _____ Other Name(s) of Applicant used
 with in past 3 years: _____
 Vehicle Make/Model _____ License Tag #: _____ State: _____ Color: _____

Other Occupants:

Name: _____ DOB: _____ Social Security #: _____
 Driver's License #/State: _____ Vehicle Make/Model/Color _____
 License Tag #: _____ State: _____ Relationship to Applicant: _____
 Email Address: _____ Cell & Home #'s: _____

Name: _____ DOB: _____ Social Security #: _____
 Driver's License #/State: _____ Vehicle Make/Model/Color _____
 License Tag #: _____ State: _____ Relationship to Applicant: _____
 Email Address: _____ Cell & Home #'s: _____

Name: _____ DOB: _____ Social Security #: _____
 Driver's License #/State: _____ Vehicle Make/Model/Color _____
 License Tag #: _____ State: _____ Relationship to Applicant: _____
 Email Address: _____ Cell & Home #'s: _____

Name: _____ DOB: _____ Social Security #: _____
 Driver's License #/State: _____ Vehicle Make/Model/Color _____
 License Tag #: _____ State: _____ Relationship to Applicant: _____
 Email Address: _____ Cell & Home #'s: _____

Applicant(s) authorize the Property Management Company to obtain a background check and rental history deemed necessary by them, and Applicant also authorizes the release of information contained on this application or sought by such inquiries.

The Applicant(s) agree that the Property Manager or Real Estate Broker representing Tenant or Landlord and all affiliated agents are not responsible for obtaining or disclosing any information contained in the South Carolina Sex Offender Registry. The Applicant(s) agree that no course of action may be brought against the Property Manager or Real Estate broker representing Tenant or Landlord and all affiliated agents for failure to obtain or disclose any information contained in the South Carolina Sex offender Registry. The Applicant(s) understand that Sex Offender Registry information may be obtained from the local Sheriff's Department or other appropriate law enforcement officials.

 Signature of Applicant

 Signature of Applicant

 Signature of Applicant

 Signature of Applicant

The undersigned acknowledges receipt from Applicant(s) on _____, 20____, of
 \$ _____ by Money Order or Online via homeowner portal payable to _____
 _____ as an Application Fee on the Property.

 Signature of Recipient

 Date