Rental Application

Please complete this form entirely in ink, noting "N/A" or "none" where applicable. Do not use white out. The information you provide will be verified prior to approval to rent a unit to you in a community professionally managed by EASLEY ENTERPRISES

™.

FULL NAME OF APPLICANT (L	AST, FIRST, M.I.)	GOVERNMENT ISSUED PHOTO	DID/TYPE/#	SOCIAL SECUR	ITY#	DATE OF BIRTH	
d g was a warner to	200 St. 5025423 St. Commun. at marcon.		1200 20			ti	
HOME PHONE		OTHER CONTACT PHONE		E-MAIL ADDRE	SS	5	
ADDITIONAL PROPOSED	OCCUPANTS:						
FULL NAME (LAST, FIRST,	, M.I.)	**************************************	DATE OF BIRTH				
						2	
FULL NAME (LAST, FIRST,	, M.I.)		DATE OF BIRTH				
FULL NAME (LAST, FIRST,	, M.I.)	2	DATE OF BIRTH				
FULL NAME (LAST, FIRST,	, M.I.)		DATE OF BIRTH			50CC05 0000-10000000000000000000000000000000	
RESIDENCE HISTORY:				ified by:		Date:	
Current Residence:	Any Insufficient F	unas?	Col	itact:		Title:	
Jurrent Residence:	STREET ADDRESS	CITY	STATE		ZIP	CODE	
RENT 🗆 OWN 🗆	More In Date	L Mayer Over Diver			1		
	MOVE IN DATE	MOVE OUT DATE	PHONE I	IUMBER	MONTHL	Y PAYMENT	
.andlord/Mortgage Company	NAME PHONE NUMBER						
	STREET ADDRESS		City		STATE	ZIP CODE	
	Rent Paid on Time Any Insufficient Fo		Ver	ified by: tact:		Date: Title:	
Previous Residence:							
RENT D OWN D	STREET ADDRESS	1.	CITY		STATE	ZIP CODE	
LENT LI OWN LI	Move In Date	MOVE OUT DATE	PHONE No.	JMBER	MONTHLY	PAYMENT	
andlord/Mortgage		·		27.1			
Company	NAME	,	PHONE NUMBER				
	STREET ADDRESS		City		STATE	ZIP CODE	
NCOME INFORMATION			Con	fied by: tact:		Date: Title:	
self employed, list name of Employment Information		ldress including zip code and phe	one number.				
NAME	<i>y</i>	TYPE OF BUSINESS	-	PHONE N	JMBER	***************************************	
STREET ADDRESS		Спу	20	STAT	E ZIF	CODE	
JOB TITLE	· · · · · · · · · · · · · · · · · · ·	SUPERVISOR	DATE OF HIRE				
\$ GROSS Mo. INCOME		\$ OTHER INCOME	-	Couper	ter the products to the transcense account		
NCOME INFORMATION		OTHERINCOME	Veri Con	SOURCE		Date: Title:	
Other Income Informat	ion		\$			IIIC.	
	PE OF INCOME		GROSS MO.				
NCOME INFORMATION			Veri Con	ied by: tact:		Date: Title:	
Other Income Informati							

AUTOMOBILES									
List all vehicles to be parked COLOR	on premises.	Note: Parking of MAKE		onal vehicles, be MODEL	oats or tr	ailers not permitted YEAR		y. NUMBER	
OOLOK		WALL		NODEL		ICAL	LICEITOL	NOMBER	
			-	·	ļ				
			2.						
PETS				<u> </u>					
Do you own a pet? Yes					<i>-</i>		2		
		TYPE		NAME		BREED		WEIGHT	
		TYPE		NAME		BREED		WEIGHT	
PERSONAL/EMERGENCY	CONTACTS	(contacts ca	nnot be	co-applicant	s of this	rental applicat	ion)		
NAME		DAY	PHONE		EVI	ENING PHONE			
		•							
STREET ADDRESS	-1	CITY	,		STA	ATE	14	ZIP CODE	
NAME		DAY	PHONE	PHONE		EVENING PHONE			
TH Bries		1			1				
STREET ADDRESS		CITY	,		STA	ATE		ZIP CODE	
		10			1.			1	
HOW DID YOU FIRST LEA	RN OF THIS	COMMUNITY	(?						
☐ FOR RENT	☐ APARTM	ENT CHINE			П	CONACE STREET	e.	×1	
LI OK NEM	LI AFARTIN	ENT GOIDE				☐ SIGNAGE - STREET:			
☐ APARTMENTS.COM	REFERR	ED BY - NAME:		·	_ DA	☐ APT LOCATOR SERVICE - NAME:			
□APARTMENTGUIDE.COM	☐ OTHER:					□ CRAIGSLIST.COM □ MOVE.COM			
90 g		2			_				
					∐F	OR RENT.COM	☐ RENT.	COM	
Reason for relocation:     Have you had any unlawl	ful detainer (	eviction) judge	ments en	tered against	vou wit	hin the last seve	n (7) years	or defaulted (failed to	
perform) any obligation of a	rental agree	ment or lease	? Yes 🛭	No 🗆 If Ye	s, when	and describe in	detail.	or dordance france to	
3. Have you ever filed for ba	nkruntov2	Vac o No o	If Voc. v	whom and doc	oribo in	dotail			
5. Have you ever med for ba	ankruptcy :	162 0 140 0	11 1 CS, V	riieli allu uest	Jine III	detail.			
4. Have you ever been conv	ricted of a fe	lony, or do you	u have an	y type of pen	ding ind	lictment or defer	red or withh	eld adjudication for	
a felony? Yes □ No □ If	res, when (	include county	y and star	e where mea	and de	scribe in detail.			
5. Have you ever been conv If Yes, when (include county					distribu	tion of controlle	d substance	s? Yes 🗆 No 🗈	
n res, when (include county	anu state w	nere meuj and	uescrib	e in detail					
6. Have you ever been conv crime against a person or pr									
crime against a person or pr	operty r	es u no u	ii res, w	nen (include d	ounty a	ind state where i	nea) and de	scribe in detail.	
					D-February Management (com				
I am making this Application	voluntarily fo	or the purpose	of obtain	ing Easley En	terprise	s approval to rer	nt a unit in th	e community shown	
above. I hereby authorize an	d consent to	allow Easley I	Enterprise	es, Owner, an	d their r	espective emplo	yees and ag	ents (collectively the	
Lessor), to obtain and verify screening service companies									
relating to this Application. I	understand t	hat if I lease th	nis unit, th	ne Lessor sha	Il have a	continuing right	to review m	y credit information,	
payment history, occupancy or improvement of application		otner informatio	on in this	Application to	r purpo:	ses related to my	/ Lease and/	or for account review	
I hereby release and hold ha	rmless Less								
legal proceedings and costs, Application, including the rele					ation an	nd/or use of the i	nformation c	ontained in the	
Additionally, if I am applying	for residenc	with a co-app	olicant, I a	uthorize Less					
application for residency (inc my co-applicants.	luding my ap	oplication form,	, my cred	it reports, and	any no	tice of adverse	action related	d to these items), to	
iny co-applicants. I warrant that, to the best of I	ny knowledg	e; all of the inf	formation	provided in th	is Appli	cation (including	but not limit	ed to the statement	
of my financial condition) is to	rue, accurate	e, complete and	d correct	as of the date	of this	Application. If an	y information	n provided by me is	
determined to be false, such I agree to notify Lessor if any									
residency. I also understand									
Application is approved.  A non-refundable Applicati	ion Screeni	na Fee of \$25	00 ie ren	uired from a	ach An	nlicant to proce	ee thie Ann	lication and to	
check the information prov									
occupy the unit before this	Application	n will be cons	idered b	y Lessor.					
		-							
Date	Applica	cant's Signature							
			io mai	-					
	OFFIC	E USE ONLY	- CRFF	IT RATING					
Applicant Score:	J		J						
Additional Deposit Require	ed: \$		Dat	e Adverse A	ction Le	etter Sent:			
PD/AA Approval:			yes	no	E	Date:			
Date Applicant Notified:									