

# Resident Application for \_\_\_\_\_ Tom Hall Street Fort Mill, SC 29715

*Disclaimer: Applicant disclosure within this two page document is voluntary.*

**Applicant Name** \_\_\_\_\_

Applicant Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Email address \_\_\_\_\_

**Spouse Name** \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Email address \_\_\_\_\_

**Current Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Give the dates of current address From: \_\_\_\_\_ To: \_\_\_\_\_

If rental- Name of Apartment complex \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_

Rent Payment \_\_\_\_\_ Security Deposit \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Was the rent always paid on-time? \_\_\_ How much of the security deposit was returned? \_\_\_

**Prior Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Give the dates of previous address From: \_\_\_\_\_ To: \_\_\_\_\_

If rental- Name of Apartment complex \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_

Rent Payment \_\_\_\_\_ Security Deposit \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Was the rent always paid on-time? \_\_\_ How much of the security deposit was returned? \_\_\_

**Total Number of Occupants** including Primary and Secondary Applicants \_\_\_\_\_ (Four Max)

Names of Children and Ages \_\_\_\_\_

Emergency Contact Relative \_\_\_\_\_ Phone \_\_\_\_\_

## Primary Applicant Employment History

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Salary \_\_\_\_\_

## Spouse Employment History

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Salary \_\_\_\_\_

## Please answer NO or YES for both the Primary and Secondary Applicant.

Have either applicants ever been evicted? Primary \_\_\_ Secondary \_\_\_

Have either applicants ever been in bankruptcy or considering it now? Primary \_\_\_ Secondary \_\_\_

Have either applicant ever been convicted of any crime? Primary \_\_\_ Secondary \_\_\_

We hereby authorize the Management to make appropriate inquires, including but not limited to credit reports, employment history, rental history and law enforcement background checks as to ascertain the authenticity of the information provided above. This resident application will be part of the lease agreement and any false information can result in a breach of contract. Please attach a copy of your driver licenses (for both the primary & secondary applicants).

**NO PETS ARE ALLOWED unless approved.** Mail or call me to fax: (803) 548-5500 or email: rent@eich.com

**Primary Applicant Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Spouse Signature** \_\_\_\_\_ Date \_\_\_\_\_

## Resident Application (Page 2)

*Disclaimer: Applicant disclosure within this two page document is voluntary.*

**All questions pertain to both the Applicant and Spouse:**

**Second to Last Address** \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Was the Landlord a relative or friend ? \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_  
Rent Payment \_\_\_\_\_ Security Deposit \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Was the rent always paid on-time? \_\_\_\_\_ How much of the security deposit was returned?  
\_\_\_\_\_

**Total combined debt for yourself and your spouse: \$** \_\_\_\_\_

**All inclusive credit card debt that you and your spouse are paying interest on:**

Card _____	Amount _____
Card _____	Amount _____
Card _____	Amount _____
Card _____	Amount _____

If you pay child support what are the payments? \_\_\_\_\_  
What is your car payment per month? \_\_\_\_\_ Who is it owed to? \_\_\_\_\_  
How much unpaid rent do you owe? \_\_\_\_\_ Who is it owed to? \_\_\_\_\_  
Do you have any loans? \_\_\_\_\_ Who is it owed to? \_\_\_\_\_  
Do you have any outstanding medical bills? \_\_\_\_\_ Who is it owed to? \_\_\_\_\_  
What other outstanding bills do you have ? \_\_\_\_\_  
Do you owe money to any one? \_\_\_\_\_  
Any other debt information not previously covered? \_\_\_\_\_

**Automobiles** (For assigned parking spaces- Two Cars Maximum)

Make _____	Model _____	Color _____	Tag# _____	State _____
Make _____	Model _____	Color _____	Tag# _____	State _____

List any monthly expenses that you have over \$50.

Expense _____	Amount _____
Expense _____	Amount _____
Expense _____	Amount _____
Expense _____	Amount _____
Expense _____	Amount _____

Any additional comments that you wish to make: \_\_\_\_\_

**Are you capable and willing to pay monthly rent via direct deposit or via online payment? Yes / No**

**Primary Applicant Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Spouse Signature** \_\_\_\_\_ Date \_\_\_\_\_