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 documents, social security documents, etc. Carefully Print, thanks

NAME_____,_____,_____ _____
First Middle Last telephone #

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

Why are you moving?_____

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 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 and allow for an "investigative consumer report" 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.

name birthday

SIGNATURE _____Date____-____-2017. WITNESSED _____