

# 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ telephone # \_\_\_\_\_  
First Middle Last

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? \_\_\_\_\_

Have you ever been EVICTED \_\_\_\_? If yes, what was the address \_\_\_\_\_

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  
rent amount 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 \_\_\_\_\_

1<sup>st</sup> Person to contact in case of emergency \_\_\_\_\_ tel # \_\_\_\_\_

2<sup>nd</sup> 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 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.**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ -2018. WITNESSED \_\_\_\_\_