

RESIDENT APPLICATION

Peachtree Place Apartments
Springland Associates, LLC
One Peach Lane
Fort Mill, SC 29715
(803) 548-7600

FOR OFFICE USE ONLY	
DATE _____	
APT. NO. _____	RENT _____
LEASE TERM _____	
SECURITY DEPOSIT PAID _____	

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of application _____	Desired Date of Occupancy _____
Type and Size of Apartment Wanted (# of Bedrooms, etc.) _____	

PERSONAL INFORMATION

APPLICANTS FULL NAME: _____ Date of Birth: _____

Social Security No.: _____ Driver's License No./State: _____

E-mail Address (optional): _____

CO-APPLICANT'S FULL NAME: _____ Date of Birth: _____

Social Security No.: _____ Driver's License No./State: _____

Relationship: _____ E-mail Address (optional): _____

FULL NAMES OF ALL OTHER RESIDENTS:	RELATIONSHIP:	DATE OF BIRTH:

RESIDENCE HISTORY

PRESENT ADDRESS: _____

Present Telephone No.: _____ Dates From: _____ To: _____

Present Landlord or Mortgage Co.: _____ Telephone: _____

Monthly Payment \$: _____ Reason For Moving: _____

PREVIOUS ADDRESS: _____

Previous Telephone No.: _____ Dates From: _____ To: _____

Previous Landlord or Mortgage Co.: _____ Telephone: _____

Monthly Payment \$: _____ Reason For Moving: _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER: _____ Telephone: _____

Employer's Address: _____ Dates From: _____ To: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$: _____

PREVIOUS EMPLOYER: _____ Telephone: _____

Employer's Address: _____ Dates From: _____ To: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$: _____

EMPLOYMENT INFORMATION CONTINUED

CO-APPLICANT EMPLOYER: _____ Telephone: _____

Employer's Address: _____ Dates From: _____ To: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$: _____

If there are other sources of income you would like us to consider, please list it below. You do NOT have to reveal alimony, child support or spouses annual income unless you want us to consider it in the application.

Amount \$: _____ Per: _____ Source: _____ Phone No.: _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (including Company Vehicles): _____

Make/Model: _____ Year: _____ Color: _____ Tag/State: _____

Make/Model: _____ Year: _____ Color: _____ Tag/State: _____

Other Car, Motorcycle, etc.: _____

HAVE YOU OR YOUR CO-APPLICANT EVER: Been sued for non-payment of rent? ____ Yes ____ No

Been evicted or asked to move out? ____ Yes ____ No Broken a Rental Agreement or Lease? ____ Yes ____ No

Been sued for damage to rental property? ____ Yes ____ No Declared Bankruptcy? ____ Yes ____ No

In case of Personal Emergency, Notify: _____ Relationship: _____
Address: _____ Phone Number: _____

PLEASE READ COMPLETELY BEFORE SIGNING

I hereby give \$300.00 as a security deposit in connection with this rental application. If for any reason Management decides to decline my application, then my security deposit will be refunded to me in full. Should applicant decide not to rent with Peachtree Place Apartments within 48 hours, the deposit will be refunded in full. Peachtree Place Apartments Management retains the right to keep the deposit after 48 hours has expired.

I hereby authorize Management to make appropriate inquiries, including but not limited to a credit report, as to the authenticity of the information provided above.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____