

APPLICATION FOR RESIDENCY

Apartment # _____
M/I Date _____
Rental Amount _____
Concession: _____
Leasing Agent _____

COMMUNITY NAME Savannah Oaks Apartments
COMMUNITY PHONE 803-278-4400 HOW DID YOU HEAR ABOUT THIS COMMUNITY? _____
COMMUNITY FAX 803-278-7351

APPLICANT _____ SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ SEX MALE FEMALE PHONE NUMBER _____
EMAIL _____ DRIVERS LIC# _____ State _____
MARITAL STATUS SINGLE MARRIED
SPOUSE'S NAME _____ SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ DRIVERS LIC# _____ SEX MALE FEMALE

OTHER RESIDENTS LIVING WITH YOU

NAME _____ D.O.B. _____ RELATIONSHIP _____
NAME _____ D.O.B. _____ RELATIONSHIP _____
NAME _____ D.O.B. _____ RELATIONSHIP _____
PET(s) Yes No DESCRIPTION _____ WEIGHT _____

RESIDENCE HISTORY FOR LAST TWO YEARS

- **PRESENT** _____ HOW LONG _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
AMOUNT OF RENT OR MORTGAGES\$ _____ REASON FOR LEAVING _____
PAID AS INDIVIDUAL\$ _____
LANDLORD'S TELEPHONE # _____ RELATIONSHIP TO LANDLORD _____
- **PREVIOUS** _____ HOW LONG _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
AMOUNT OF RENT OR MORTGAGES\$ _____ REASON FOR LEAVING _____
PAID AS INDIVIDUAL\$ _____
LANDLORD'S TELEPHONE # _____ RELATIONSHIP TO LANDLORD _____

HEAD OF HOUSEHOLD EMPLOYMENT FOR PAST TWO YEARS

- **PRESENT**
NAME OF COMPANY _____ HOW LONG _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
POSITION _____ MONTHLY GROSS\$ _____ SUPERVISOR _____
- **PREVIOUS**
NAME OF COMPANY _____ HOW LONG _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
POSITION _____ MONTHLY GROSS\$ _____ SUPERVISOR _____

APPLICATION FOR RESIDENCY

SPOUSE'S EMPLOYMENT FOR PAST TWO YEARS

▪ **PRESENT**

NAME OF COMPANY _____ HOW LONG _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
POSITION _____ MONTHLY GROSS\$ _____ SUPERVISOR _____

▪ **PREVIOUS**

NAME OF COMPANY _____ HOW LONG _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
POSITION _____ MONTHLY GROSS\$ _____ SUPERVISOR _____

EMERGENCY CONTACT

NAME _____ TELEPHONE # _____ RELATIONSHIP _____

In the event of death of the lease holder, can a key be released to the person above person? Yes No

NAME _____ TELEPHONE # _____ RELATIONSHIP _____

In the event of death of the lease holder, can a key be released to the person above person? Yes No

NAME _____ TELEPHONE # _____ RELATIONSHIP _____

In the event of death of the lease holder, can a key be released to the person above person? Yes No

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Have you been convicted or arrested for a crime? Yes No

If Yes, Please Explain _____

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

The applicant warrants and represents all statements true and correct and hereby authorizes verification of the information through all available means including, but not limited to obtaining a consumer credit report and other reports so maintained by city, county, state, and federal law enforcement agencies, present and/or past employers including but not limited to present and/or past salary verification, and present and/or past residence. Applicant agrees to furnish additional credit references upon request.