



151 KING STREET, CHARLESTON, SC  
 FAX 843-577-8597  
 843-577-8595

SOUTHEASTERN  
 MANAGEMENT GROUP

**\*PLEASE WRITE CLEARLY**

**LEASE APPLICATION**

APARTMENT WANTED \_\_\_\_\_  
 BEGINNING ON \_\_\_\_\_ THRU \_\_\_\_\_  
**FULL** NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PREFERRED METHOD OF CONTACT \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT THIS RENTAL? \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_ DL STATE \_\_\_\_\_  
 REASON FOR MOVING \_\_\_\_\_  
 NAMES AND PHONE #'S OF OTHER OCCUPANTS \_\_\_\_\_

**EMPLOYMENT INFORMATION**

YOUR STATUS: \_\_ FULL TIME \_\_ PART TIME \_\_ STUDENT \_\_ RETIRED \_\_ UNEMPLOYED  
 IF STUDENT, PLEASE PUT START DATE \_\_\_\_\_  
 CURRENT EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION \_\_\_\_\_ HOW LONG \_\_\_\_\_  
 SALARY \_\_\_\_\_ PER \_\_\_\_\_  
 ARE YOU RESPONSIBLE FOR YOUR SHARE OF RENT? \_\_\_\_\_ IF NOT, WHO IS? \_\_\_\_\_

**RESIDENCE HISTORY**

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 LANDLORD \_\_\_\_\_ LANDLORD'S PHONE \_\_\_\_\_  
 LANDLORD'S EMAIL \_\_\_\_\_  
 HOW LONG AT PRESENT ADDRESS \_\_\_\_\_  
 AMOUNT OF RENT \_\_\_\_\_

**CO-SIGNER INFO**

FULL NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 OWN OR RENT? \_\_\_\_\_  
 HOW LONG AT PRESENT ADDRESS \_\_\_\_\_  
 CURRENT EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 POSITION \_\_\_\_\_ HOW LONG \_\_\_\_\_  
 SALARY \_\_\_\_\_ PER \_\_\_\_\_

**MISCELLANEOUS**

DO YOU HAVE ANY SPECIAL NEEDS OR REQUIREMENTS DUE TO A PHYSICAL OR MENTAL DISABILITY? \_\_\_\_\_ IF YES, PLEASE EXPLAIN BELOW.

IN CASE OF PERSONAL EMERGENCY, NOTIFY: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

IF YOU ARE A STUDENT, PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF YOUR PARENTS: \_\_\_\_\_

**APPLICANT HAS SUBMITTED THE SUM OF \$65 AS A NON-REFUNDABLE PROCESSING FEE. THIS FEE WILL BE RETAINED BY MANAGEMENT TO COVER THE COST OF PROCESSING THE APPLICATION AND IS NON-REFUNDABLE WHETHER APPLICATION IS APPROVED OR REJECTED. FAILURE OF APPLICANT TO MEET MANAGEMENT'S MINIMUM REQUIREMENTS, OR ANY FALSE INFORMATION PROVIDED IN THIS APPLICATION BY APPLICANT, WILL RESULT IN REJECTION.**

- PROPERTY IS RENTED ON A "FIRST COME, FIRST SERVE" BASIS.
- SOUTHEASTERN MANAGEMENT GROUP, INC. ACTS AS AN AGENT FOR AND IS EMPLOYED BY THE OWNERS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I AUTHORIZE SOUTHEASTERN MANAGEMENT GROUP, INC. TO VERIFY THE FOREGOING INFORMATION AND TO MAKE CREDIT, EMPLOYMENT, RENTAL HISTORY AND REFERENCE INQUIRIES DEEMED NECESSARY BY THEM, AND APPLICANT ALSO AUTHORIZES THE RELEASE OF INFORMATION CONTAINED ON THIS APPLICATION OR SOUGHT BY SUCH INQUIRIES. IF ANY OF THE FACTS STATED IN THE APPLICATION ARE PROVED TO BE FALSE, THE LANDLORD SHALL HAVE THE RIGHT TO TERMINATE THE TENANCY IMMEDIATELY.

TENANT AND ONLY THOSE PERSONS NAMED IN THE APPLICATION SHALL OCCUPY OR USE THE PREMISES AS A RESIDENCE.

**PLEASE BE AWARE THAT ANY INFORMATION INCLUDED ON THIS PAGE WILL BE SHARED WITH PREVIOUS LANDLORDS IN ORDER TO VERIFY ALL REFERENCES.**

PLEASE DROP THIS APPLICATION OFF AT OUR OFFICE, 151 KING STREET, ALONG WITH YOUR \$50 APP FEE AND THE FULL SEC DEP. THE APP FEE AND SEC DEP MUST BE IN SEPARATE CHECKS. IF YOU HAVE A ROOMMATE, YOU CAN SPLIT THE SEC DEP IN MORE THAN ONE PAYMENT IF YOU WOULD LIKE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***\*A PARENT CO-SIGNATURE WILL BE REQUIRED ONCE THE LEASE IS READY TO BE SIGNED FOR ALL RENTAL APPLICANTS UNDER THE AGE OF 25.***