



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 \$50 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.***