



one source | unlimited solutions

Phone: 1 (843) 614-3678 Fax: 1 (888) 271-4424

NAME OF CO-APPLICANT _____ MAIDEN NAME _____

DATE OF BIRTH ___/___/___ SOC. SEC. # _____ - _____ - _____ MARITAL STATUS: MARRIED SINGLE WIDOWED SEP DIV

Present Address _____ Phone (____)____-_____
Street City State Zip

Present Owner _____ Owner's Phone (____)____-_____

Owners Address: _____ Rent Amt. \$ _____ Length of Occupancy _____

Previous Address _____ Owner's Phone #(____)____-_____
Street City State Zip

Previous Owner _____ Owner's Phone (____)____-_____

Owners Address: _____ Rent Amt. \$ _____ Length of Occupancy _____

CO - APPLICANTS PRESENT EMPLOYER _____

EMPLOYER'S ADDRESS _____

SUPERVISOR _____

POSITION _____ DEPT. # _____ PHONE #(____)____-_____ EXT. # _____

Present Monthly Income (gross) \$ _____ Length of Employment _____ Part time Fulltime

APPLICANTS PREVIOUS EMPLOYER _____

EMPLOYER'S ADDRESS _____

SUPERVISOR _____

POSITION _____ DEPT. # _____ PHONE #(____)____-_____

PREVIOUS MONTHLY INCOME (GROSS) \$ _____ LENGTH OF EMPLOYMENT _____ PART TIME FULLTIME

VEHICLES (1) YEAR _____ MAKE _____ MODEL _____ LICENSE # _____

(2) YEAR _____ MAKE _____ MODEL _____ LICENSE # _____

CREDIT NAME _____ NAME _____

CARDS NAME _____ NAME _____

BANK BANK NAME _____ CHECKING ACCOUNT # _____

REFERENCES BANK NAME _____ SAVINGS ACCOUNT # _____

PERSONAL NAME _____ PHONE #(____)____-_____



one source | unlimited solutions

Hilton Head Island Property Management Pros.com Phone: 1 (843) 614-3678 Fax: 1-888-271-4424

REFERENCES ADDRESS _____

Name _____ Phone #(_____) _____ - _____

ADDRESS _____

TRADE NAME _____ PHONE #(_____) _____ - _____

REFERENCES ADDRESS _____

Name _____ Phone #(_____) _____ - _____

ADDRESS _____

EMERGENCY (LIST RELATIVE OR FRIEND)

NAME _____ RELATIONSHIP _____ PHONE #(_____) _____ - _____

ADDRESS _____

Name _____ Relationship _____ Phone #(_____) _____ - _____

ADDRESS _____

Have you ever filed bankruptcy?: _____ YES _____ NO

If yes, please explain:

Do you plan to file bankruptcy now, or in the next twelve months?

Have you ever been evicted? _____ YES _____ NO

Have you ever been convicted of a crime other than a minor traffic offense? _____ YES _____ NO

Do you have any pets? Y / N (See pet waiver/application) Detail:

Please list **any** additional occupants that will occupy premises (including roommates)

_____ Relationship _____ Age _____

_____ Relationship _____ Age _____

_____ Relationship _____ Age _____

Application Taken By: _____ Date: _____ / _____ / _____

Fee Recorded \$ _____

Application: Approved Rejected

Date Applicant Notified: _____ / _____ / _____

I hereby deposit with owner/agent, the sum equal to one months rent as a holding fee on the above premises pending execution of a lease agreement. I understand if this application is approved and I am unable to fulfill the conditions outlined in this application that my holding fee will be applied toward any rent loss, advertising costs, re-rental fees, etc. If this application is not approved, providing all the above questions are answered correctly and truthfully the fee shall be returned.

The undersigned does hereby consent that all information stated on this application may be verified and processed through a Credit Reporting Agency. This may include a credit and police report. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that this application does not constitute any oral and/or written commitments on the part of the owner/agent.

A payment of \$75.00 is included herewith, which payment is made for the purpose of verifying the information included on this application. I understand this charge is not under any circumstance to be returned to me.

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release any and all information that may be required for the purpose of a credit & background transaction.

Thank you.

 (Signature)

____/____/____
 (Date)

____-____-____
 (Social Security Number)

 (Signature)

____/____/____
 (Date)

____-____-____
 (Social Security Number)

 (Signature)

____/____/____
 (Date)

____-____-____
 (Social Security Number)

 (Print Name)

____/____/____
 (Birth Date)





Hilton Head Island Property Management Pros.com Phone: 1 (843) 614-3678 Fax: 1-888-271-4424

PET WAIVER (becomes a part of the lease agreement)

The Applicant(s) states that he/she does not intend to obtain and house a pet of any kind during the term of the lease while residing at: Property Address _____

Should the undersigned decide to obtain a pet, the undersigned agrees to obtain written permission from the Property Manager prior to obtaining a pet.

Applicant(s) further agrees that if he/she should obtain a pet without the written permission of the Property Manager, will pay a penalty of \$500.00 plus normal monthly pet rent fee of \$20.00 retroactive to the date of the lease signing, and also will pay the non-refundable Pet Fee of \$500.00 for permission to house a pet (See Pet Application & Lease) and may be grounds for eviction. The penalty, non-refundable fee retroactive rent shall become due and payable upon notification by the Property Manager.

Applicant has been advised and understands the pet policy and pet restrictions of Property Management Pros.com

Applicant/Resident Date

Applicant/Resident Date

Guarantor Date

PET APPLICATION (becomes part of the lease agreement)

This is an application to house a pet. It is NOT permission to house a pet until the Property Manager has given his approval.

Only the following described pet is authorized to be kept in the resident's apartment/house. No substitutions are allowed. No other pet shall be on the premises by residents or resident's guests and/or visitors, or occupants.

CERTAIN RESTRICTIONS APPLY FOR DOGS AND CATS. NO OTHER MAMMALS, REPTILES, RODENTS AND/OR INSECTS WILL BE ALLOWED.

Resident's Name: _____ Phone: _____

Resident's Address: _____

Name of Pet: _____ Type of Pet: _____ Breed: _____ Color: _____

Age: _____ Weight: _____ Height: _____ Housebroken: _____ Spade/Neutered: _____

Declawed: _____ Photo Attached: _____ Copy of License & Record of Immunization Attached: _____

Applicant hereby pays a Non-refundable Pet Fee of \$500 for permission to house the above pet. This Non-refundable Pet Fee will not be used for damages, defleaing, deodorizing, and/or shampooing the carpets. Applicant agrees to pay \$20.00 per month as rent for house of pet. Rent and Non-refundable Pet Fee must accompany this application.

Applicant/Resident Date Applicant/Resident Date

Guarantor Date Approved/Date Declined/Date

CREDIT CARD PAYMENT FORM

To pay by credit card, fill out the form below.

Credit or Debit type (circle one) Visa Mastercard

Name as it appears on the Card: _____

Home address: _____

City, State, Zip Code: _____

Credit Card Number: _____

Security Code (3-4 digit # on back of the card): _____

Expiration Date: _____

Rental Application Fee: \$75 Yes: _____ or Not Applicable: _____

Other Amount to be Charged: _____ + \$3% Convenience Fee

Total Amount to Charged: _____

Signature _____ Date _____

By completing and signing this form, I understand that I am agreeing to and will be responsible for the charges listed above.

Hilton Head Island Property Management Pros.com
12 State of Mind St, Suite C Bluffton, SC 29910

Real Estate Pros.com / Property Management Pros.com
Corporate Head Quarters 670 Enterprise Dr. Suite A. Lewis Center Ohio 43035
Fax: 888-467-9166