RENTAL APPLICATION

Hays Rentals Charleston, LLC

	10	Vanderhorst	Street,	Charleston	SC 29403
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E-mail: Driver's License No. / State: Date of Birth: Age: SSN#:	-	, , , , , , , , , , , , , , , , , , , ,					
Date of Birth:							
Present Address:	E-mail:	Driver's License No.	/ State:				
Present Address: Current Landlord:	Date of Birth:	Age: SSN#:	:				
Previous Address:	Present Address:						
Previous Address:	Current Landlord:	Landlord's	Phone:				
How long have you lived at present address? Previous Address? 'Dase (01.01/22 · 1.23/123) Dase (01.01/22 · 1.23/123) 'Dase (01.01/22 · 1.23/123) 'Dase (01.01/22 · 1.23/123) 'Dase (01.01/22 · 1.23/123) Year (Sr, Jr): 'Employer: 'Position: 'Parents' Names: Parents' Parents' Address: 'Phone: 'City: State: 'Parent 1 Cell: Parent 1 E-mail: Parent 2 Cell: Parent 2 E-mail: 'Will you possess a car and need a parking space at the house (\$50/mo)? Car Make/Model/Yr/Color: Car Make/Model/Yr/Color: Tag # & State: Insur Co: Policy No: Phone: State reason for relocating: ''''''''''''''''''''''''''''''''''''	Deventeres Addances						
University/College: Year (Sr, Jr): Description(21-1231/23) Description(22-1231/23) Description(22-1231/23) Pear (Sr, Jr): Employer:	Name of Previous Landlord:	Landlord's	Phone:				
University/College: Year (Sr, Jr): Employer: Position: How long? Supervisor: Phone: Parents' Names: Parents' Parents' Address:	How long have you lived at pre						
How long? Supervisor: Phone: Parents' Names:	University/College:						
Parents' Names:	Employer:	Position:					
Parents' Address:	How long? Superv	isor:	Phone:				
City: State: Zip Code: Parent 1 Cell: Parent 1 E-mail:	Parents' Names:						
Parent 1 Cell: Parent 2 E-mail: Parent 2 Cell: Parent 2 E-mail: Will you possess a car and need a parking space at the house (\$50/mo)? Car Make/Model/Yr/Color: Tag # & State: Car Make/Model/Yr/Color: Policy No: Phone: Phone: State reason for relocating: Policy No: Phone: Phone: Desired date to initiate lease: For a term of: Rent / month: Phone: Have you even been served an eviction notice or been asked to vacate a property you were renting? Do you agree to abide by the policy of no pets permitted on the premises? Image: Phone: Image: If you are under 23 or a student, will a parent be willing to co-sign the lease? Image: Image: Date: Image: Image:<	Parents' Address:						
Parent 2 Cell:	City:	State:Zij	p Code:				
Will you possess a car and need a parking space at the house (\$50/mo)? Car Make/Model/Yr/Color: Tag # & State: Insur Co: Policy No: Phone: State reason for relocating: Pone: Phone: Desired date to initiate lease: For a term of: Rent / month: Have you even been served an eviction notice or been asked to vacate a property you were renting?	Parent 1 Cell:						
Car Make/Model/Yr/Color:	Parent 2 Cell:	Parent 2 E-mail:					
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Have you even been served an eviction notice or been asked to vacate a property you were renting? Have you ever willfully or intentionally refused to pay rent when due? Do you agree to abide by the policy of no pets permitted on the premises? If you are under 23 or a student, will a parent be willing to co-sign the lease? If yes, parent name and email who will co-sign: I declare the foregoing information is correct, and I hereby authorize you to conduct an employment, criminal and credit check and to verify my references. Signature: Date: In case of an emergency, contact: NAME NAME RELATIONSHIP TELEPHONE	State reason for relocating:						
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In case of an emergency, contact: NAME RELATIONSHIP TELEPHONE			o conduct an employment, criminal and				
In case of an emergency, contact: NAME RELATIONSHIP TELEPHONE	Signature:	Da	ite:				
Name of Family Physician	In case of an emergency, contact:		TELEPHONE				
	Name of Family Physician						