

Application Return Checklist

To ensure that your application process is finished in a timely manner, please make sure the following items are completed upon submittal.

Due to COVID-19, please have all forms, copy of DL, most recent check stubs/earning statements and money orders/check <u>COMPLETELY</u> filled out and place your application in our drop box located to the left of the building by the parking lot due to our lobby being locked.

Thank you for your cooperation!

- ❖ Application is **COMPLETELEY** filled out, signed and dated.
- ❖ \$25 App Fee is included for everyone 18 and older that will be living in the home. Must be in the form of Money Order or Check. NO CASH or CARD.
- **&** Copy of Driver's License.
- ❖ Copy of Most Recent Check Stub or Earnings Statement.
- ❖ ONCE APPROVED, YOUR SECURITY DEPOSIT HAS TO BE ON A <u>SEPARATE</u> MONEY ORDER OR CHECK FROM YOUR 1ST MONTH'S RENT!!!





You may email your completed application to: smc.cameronp@gmail.com

Application Fees Must be in the form of Money Order or Check

		Ren	tal Applica	tion			
Applicant Information		Proper	rty Applying For:				
Name: (First, Middle, Last)				Sex (Offender? Yes or	No	Lifetime Register? Yes or No
Date of birth:		SSN:		•	Phone:		
Current address:		1			•		
City:		State:		ZIP Code:			
Own Rent (Please circle)	Monthly p	ayment or	yment or rent:		How long?		How long?
Landlord:			Address:			Pho	ne:
Make of vehicle: Model o		f vehicle:		Year of vehicle:			
Color of vehicle:	License Pl	ate:		Drive	er's License #:		State:
Employment Information							
Current employer:							
Employer address:						ŀ	How long?
Phone:	E-mail:				Fax:	-	
City:	State:				ZIP Code:		
Position:	Hourly	Salary ((Please circle)		Monthly incon	ne:	
Emergency Contact							
Name of a person not residing with you:		Relationship		Relationship:			
Address:					1		
City:	State:			ZI	IP Code:	F	Phone:
Co-applicant Information							
Name: (First, Middle, Last)				Sex (Offender? Yes or	No	Lifetime Register? Yes or No
Date of birth:		SSN:			Phone:		
Current address:							
City:		State:			ZIP Code:		
Own Rent (Please circle)	Monthly p	ayment or	rent:			H	How long?
Make of vehicle:	Model o	f vehicle:				Yea	r of vehicle:
Color of vehicle:		License	Plate:	Driv	ver's License #:		State:
Co-applicant Employment Inf	ormatio	n					
Current employer:							
Employer address:						ŀ	How long?
Phone:	E-mail:				Fax:		
City:	State:				ZIP Code:		
Position:	Hourly	Salary ((Please circle)		Monthly incon	ne:	
Other Occupants		ı					
Name:	Relationship:						
Name:			Relationship:				
Applicant's Signature							
Signature of Applicant:					[Date:	
Signature of Co-Applicant:						Г	Date:



Verification of Finances

I hereby authorize Southern Management Corporation to verify my past and present employee earnings, bank account, stock holdings and any other assets needed to process my rental application.

I further authorize Southern Management Corporation to order a Consumer Credit Report and verify other credit information, including past and present mortgage reference. It is understood that a photocopy of this form will also serve as authorization.

The information the rental agency obtained is only to be used in the processing of my rental application.

Criminal History/Background Investigation Waiver

	I,Southern	, do hereby give full permission to
	Management Corporation to conduct a search of my criminal hi	story and credit check.
X	Applicant's Signature	Date
X	Applicant 3 Signature	Dutc
	Applicant's Signature	Date

Notice to Renters: This is a notice to you as required by the right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another government agency or department without your consent except as required or permitted by law.





Personal References

List two (2) personal references. List name, address and phone number. One relative may be listed along with relationship.

	1.		
	Name	Address	Phone Number
	2		
	Name	Address	Phone Number
	any form, the lease may, at the op After acceptance of application sec	otion of the Management, be ca curity deposit will not be refund of the above individuals, entities	ion of the application and if untrue in ncelled and security deposit forfeited. ed. or credit bureau to release information
7			
	Applicant's Signature		Date
X			
	Applicant's Signature		Date





Request to Release Tenant Information (Applicant please sign this form at the bottom and leave the rest for Office Use Only)

Tenant Name:	Date:			
Address:				
Landlord:				
Does the tenant still reside at the address above? If not, please state the move-out dates.				
Did he/she break their lease in any way? If so, please explain.				
Did he/she keep the apartment clean and tidy? If no, please explain.				
Did the tenant meet the rent deadlines? If not, how many times was he/she late on rent payments?				
Was the tenant considerate to neighbors?				
Did the tenant give notice on time?				
If the tenant has already moved out, what condition did they leave the property in?				
Do you have anything to add?				
Landlord Signature:				
I, authorize my previous landlords to rele Management Corporation.	ase my rental history to Southern			
Tenant Signature:	Date:			