# **Homeowner Solutions, LLC**

## Robert Kim, Manager P.O. Box 5782, Aiken, SC 29804

# APPLICATION FOR RENTAL

Fax to: (877) 245-3646 then call (803) 292-2227 when you have faxed it.

#### EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references. Only clean, responsible people who pay rent on time, need apply.

How did you find out about us? Sign □: Newspa	aper □: Friend □:	Internet □: (	Other 🗆		
	YOUR PERSONAL INFORMATION				
Full Name	Phone (	_)	Work Phone (	)	
Social Security Number Current Driver's	s License #	State:	Date	of Birth:	
Present Address					
City		State:	Zip:		
How Long? If renting, Apartment name/loo	cation		Phone: (	)	
Landlord/mgr's name		A	lternate Phone: (	)	
Why are you leaving?					
			Curi	ent Rent: \$	
Previous Address					
City		State:	Zip:		
How Long? If renting, Apartment name/loo	cation		Phone: (	)	
Landlord/mgr's name		A	lternate Phone: (	)	
Why did you leave?					
Present Employer		Position:		How Long?	
Address			Phone: (	)	
Gross Monthly Income before deductions: \$	Other Income: \$	Sourc	e:		
Former Employer		Position:		How Long?	
Address				_	
Why did you loove?					

### **CREDIT REFERENCES**

These can include store credit cards, rental stores, cell phone account, car loans, small loans, etc.

Bank	Acct # (s)	Br	anch Checking: [ ]:	Savings [ ]: Loan [ ]:
City		State Approx.	Balance \$	How Long?
Other Active Credit Ref:		Account #		_ Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments currer	nt? YES □: NO □:
Other Active Credit Ref:		Account #		_ Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments currer	nt? YES □: NO □:
Other Active Credit Ref:		Account #		_ Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments currer	nt? YES □: NO □:
Other Active Credit Ref:		Account #		_ Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments currer	nt? YES □: NO □:
•	□: NO □: Have you		•	: NO 🗆:
• •	y? YES □, Date		If yes, Chapter 7 □ or Chapt	ter 13 □?
·	crime, other than a traffic violation?			
Name		_ Relationship	Phone: (	)
Address	Ci		State	Zip
Name		Relationship	Phone: (	)
Address	Cit	ty	State	Zip
Name		Relationship	Phone: (	)
Address	Cit	ty	State	Zip
EMERGENCY In an emer	gency people we may contact	t (List two, other tha	n spouse/roommate, neares	st relatives first)
Name		_ Relationship	Phone: (	)
Address	Ci	ty	State	Zip
Name		_ Relationship	Phone: (	)
Address	Cir	tv	State.	Zin

## **OTHER INFORMATION**

#### OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name		<del></del>	Name				<del></del>
Name			Name				
Pets: Name:* NOTE: No pets are allowed at a							
110 121 110 pels are anowed at a	i, time on the p	rempes without pire	, ividing circ	chi consent un	a payment of te	110 1110	ET TIOT(S)
Date of desired occupancy:		Anticipated le	ength of stay:	:			
Do you own: Vacuum cleaner □:	Lawn mower	☐: Water bed ☐: ☐	Musical instr	ruments □: D	oes anyone smo	oke? Yes □:	No □:
List all motor vehicles	, including	recreational	vehicles	s, to be ke	ept at the	property	:
MAKE MODEL COL				STATE	MONTHLY PAYMENT		
		_			\$		
		_			_ \$		
for any reason, not to move in other prospective tenants may and evaluate other applicants. telephone, fax or mail. Once a hours, otherwise management herewith and will begin re-mail shown above shall be returned approval and will be prorated approval and content pay the complete, true and correct an information of the undersigned into and continuing to offer of Authorized Agents to verify the creditors, present or former la and at any time in the future constitute grounds for rejection entered into in reliance upon mail to the support of the constitute grounds for rejection entered into in reliance upon mail.	have been ture. Processing of approved, approved, approved, approved, approved applicant. For the following the following the provention of the following th	rned away and it ray f application shall licant agrees to part applicant has operty. If applicant Applicant understang month.  R'S LICENSE OR AND LAST YEALICATION , Ogive my perminal part of the par	may be neced to be as time ay the baland decided to for the is not appeared and a series of the control of the	essary for Ma ely as possiblence of funds a forfeit the reservoyed, all mo- grees that reservoyed. E. IDENTIFICATION OF COPY E. IDENTIFICATION OF COPY E. PROVIDE CONTROL OF CON	anagement to te and the res and complete tervation/earn onies given her to begins as of the control of the control	re-advertises the paper we the paper we the paper we test money prewith, less af the day after the day after the purpose the paper wind record the time of the time of the time of the ny false informatical test.	the property delivered via ork within 48 ayment made pplication fee er application.  SECURITY COME TAX application is tor personal es of enteringment or their dls, contacting to application will or mation will.
Applicant's Authorization			 Date				