# Homeowner Solutions, LLC

Robert Kim, Manager P.O. Box 85352, Lexington, SC 29073

# **APPLICATION FOR RENTAL**

Fax to: <u>(877) 245-3646</u> then call <u>(803) 602-4953</u> when you have faxed it. Or you can email a copy to: <u>rkim@HouseBuyingCompany.com</u>

### 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 abo | out us? Sign □: Newspaper □: Friend | □: Internet □: Ot         | her □            |         |  |  |  |
|--------------------------|-------------------------------------|---------------------------|------------------|---------|--|--|--|
| Address You Are Applyi   | ng For:                             |                           |                  |         |  |  |  |
|                          | YOUR PERSONAL                       | YOUR PERSONAL INFORMATION |                  |         |  |  |  |
| Full Name                | Phone (                             | )                         | Work Phone ()_   |         |  |  |  |
| Social Security Number   | Current Driver's License #          | State:                    | Date of Bir      | th:     |  |  |  |
| Present Address          |                                     |                           |                  |         |  |  |  |
| City                     |                                     | State:                    | Zip:             |         |  |  |  |
| How Long?                | If renting, Apartment name/location |                           | Phone: ()_       |         |  |  |  |
| Landlord/mgr's name _    |                                     | Alto                      | ernate Phone: () |         |  |  |  |
|                          |                                     |                           |                  |         |  |  |  |
|                          |                                     |                           |                  |         |  |  |  |
| City                     |                                     | State:                    | Zip:             |         |  |  |  |
| How Long?                | If renting, Apartment name/location |                           | Phone: ()_       |         |  |  |  |
| Landlord/mgr's name      |                                     | Alte                      | rnate Phone: ()  |         |  |  |  |
| Why did you leave?       |                                     |                           |                  |         |  |  |  |
| Present Employer         |                                     | Position:                 | Hov              | w Long? |  |  |  |
| Address                  |                                     |                           | Phone: ()        |         |  |  |  |
| Gross Monthly Income l   | pefore deductions: \$Other Income:  | \$ Source:                |                  |         |  |  |  |
| Former Employer          |                                     | Position:                 | How              | V Long? |  |  |  |
| Address                  |                                     |                           | Phone: ()        |         |  |  |  |
| 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)                              | Bra                  | nnchChecking:[]: Savings[]: Loan[]:                      |
|--------------------------|---|----------------------|--|
| City                     |   | StateApprox.         | Balance \$ How Long?                                     |
| Other Active Credit Ref: |   | Account #            | Exp. Date:   |
| Type of Account:         | Credit Limit: \$                        | How Long?            | Are all payments current? YES □: NO □:                   |
| Other Active Credit Ref: |   | Account #            | Exp. Date:   |
| Type of Account:         | Credit Limit: \$                        | How Long?            | Are all payments current? YES : NO ::                    |
| Other Active Credit Ref: |   | Account #            | Exp. Date:   |
| Type of Account:         | Credit Limit: \$                        | How Long?            | Are all payments current? YES \(\sigma\): NO \(\sigma\): |
| Other Active Credit Ref: |   | Account #            | Exp. Date:   |
| Type of Account:         | Credit Limit: \$                        | How Long?            | Are all payments current? YES : NO ::                    |
| ·                        | ·                                       |                      | epossession? YES □, Date: NO □                           |
|                          | tcy? YES □, Date                        |                      |  |
| ·                        | a crime, other than a traffic violation |                      |  |
|                          | e persons, OTHER THAN YOU               | ,                    | may contact to verify your character.  Phone: ()         |
|                          |   | _                    | StateZip   |
| 11441055                 |   | <i></i>              | 50   |
| Name                     |   | Relationship         | Phone: ()  |
| Address                  | Cit                                     | у                    | StateZip   |
| Name                     |   | Relationship         | Phone: ()  |
| Address                  | Cit                                     | у                    | StateZip   |
| EMERGENCY<br>In an emo   | ergency people we may contact           | (List two, other tha | n spouse/roommate, nearest relatives first)              |
| Name                     |   | Relationship         | Phone: ()  |
| Address                  | Cit                                     | y                    | StateZip   |
| Name                     |   | Relationship         | Phone: ()  |
| Address                  |   |                      | State Zin  |
| Address                  | (Cit                                    | V                    | State Zin  |

## **OTHER INFORMATION**

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

| Name  |  |  |  | Name  |   |  |  |   |
|---|--|--|--|---|---|--|--|---|
| Name  |  |  |  | Name  |   |  |  |   |
| Pets: Name:   | Type:  | Weight:  | _lbs.*   | Name:   |   | Type:  | Weight:  | lbs.*   |
| * NOTE: No pets are allowed at  | any time on the  | premises with  | out pric   | or Managemo   | ent consent a   | nd payment of  | fees – NO EX   | CEPTIONS!   |
| Date of desired occupancy:  |  | Antici   | pated le   | ength of stay   | :   |  |  |   |
| Do you own: Vacuum cleaner □  | l: Lawn mower  | r □: Water be  | ed □:  | Musical inst  | ruments □:  | Does anyone s  | moke? Yes □  | : No □:   |
| List all motor vehicle  | es, includir   | ıg recreat   | ional  | l vehicle   | s, to be k  | kept at the  | propert  | <b>y:</b>   |
| MAKE MODEL CO   | LOR YEA  | R LICE   | NSE P  | PLATE #   | STATE   | MON  | THLY PAY   | MENT  |
|   |  |  |  |   |   | \$   |  |   |
|   |  |  |  |   |   | \$   |  |   |
|   |  |  |  |   |   | \$   |  |   |
|   |  |  |  |   |   | \$   |  |   |
| for any reason, not to move other prospective tenants may and evaluate other applicant telephone, fax or mail. Once hours, otherwise management herewith and will begin re-m shown above shall be returned approval and will be prorated A PHOTOSTATIC COPY CARD, LATEST PAY CHERETURN ARE ATTACHED complete, true and correct information of the undersign into and continuing to offer Authorized Agents to verify creditors, present or former and at any time in the futu constitute grounds for reject entered into in reliance upon | y have been to see approved, approved, approved, applicant do applicant do applicant do THE AP and Lherewied applicant to collect on the application of this applicant ion of this applicant or collect on the application of this applicant ion of this applicant ion of this applicant ion of this applicant in the application of this applicant ion of this applicant in the application of this applicant ion of this applicant in the application of this applicant in the application of this applicant in the applicant in t | turned away a group of application policant agree that applicant aroperty. If a group of the given my to any agreement of the given and produced the given and given and given are given as a green and given and given and given and given are given as a green and given are given as a green and given and given are given as a green and given are given as a green and given and given are given as a green are given as a green are green as a green and given are green as a green are green are green are green as a green are green are green as a green are gre | and it on shal es to p nt has pplican unders  ISE OI T YE, O perm nt or tl ent and n inclu ersona reemer Manas | may be ned ll be as time ay the bala decided to nt is not app tands and a R PICTUR AR'S W-2( DR WILL Bession for a heir author d/or credit uding but re l references nt entered is gement may | cessary for lely as poss ance of function forfeit the proved, all pagrees that  E IDENTII (s) OR COBE PROVID anyone conized agents extended. Into the limited into with Months. | Management ible and the ible and completes and completes and completes and including a second completes a second completes and including a second completes and inclu | to re-advert<br>results may<br>ete the paper<br>arnest money<br>herewith, less<br>s of the day a<br>CARD, SOCI<br>TYEARS<br>eclare that the<br>ease the cree<br>for the purp<br>horize Mana<br>criminal recount the time of<br>Any false | ise the proper be delivered within a payment may application to after application to the application of the |
| Applicant's Authorization   |  |  | _  | Date  |   | -  |  |   |