

Absolute Property Services, LLC  
P.O. Box 424  
Taylors, SC 29687

Phone (864) 438-4577  
Fax (864) 751-5206  
www.absolutepropertyservicesllc.com

## RESIDENTIAL LEASE APPLICATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ How Long? \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for Moving \_\_\_\_\_

### CoApplicant:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Previous/Maiden Name(s): \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_ How Long? \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for Moving \_\_\_\_\_

Previous Address if less than year at current: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Previous Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_

Additional Occupants: (List every occupant's first and last names, age & their relationship below, including children)

\_\_\_\_\_

List Automobiles of All Occupants:

Make & Model	Year	Color	License Tag #/State
_____	_____	_____	_____
_____	_____	_____	_____

Do you have renter's insurance? \_\_\_\_\_ Water-filled furniture? \_\_\_\_\_  
Pets? \_\_\_\_\_ If yes, describe animal(s) and quantity: \_\_\_\_\_  
Do you or any other occupants smoke? \_\_\_\_\_

## EMPLOYMENT INFORMATION

**Present Employer:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long? \_\_\_\_\_ Supervisor Name & #: \_\_\_\_\_  
Job Title & Description: \_\_\_\_\_ Gross Mo. Income: \$ \_\_\_\_\_

2<sup>nd</sup> Employer if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor Name & Phone #: \_\_\_\_\_  
Job Title & Description: \_\_\_\_\_ Gross Mo. Income: \$ \_\_\_\_\_

**Co-Occupant Employer:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor Name & #: \_\_\_\_\_  
Job Title & Description: \_\_\_\_\_ Gross Mo. Income: \$ \_\_\_\_\_

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**CREDIT & BACKGROUND INFORMATION**

Have you filed for bankruptcy in the past seven years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Checking? \_\_\_\_\_ Savings? \_\_\_\_\_

Have you (all applicants) ever been convicted of a felony? \_\_\_\_\_ If yes, provide dates and explain:

Are you currently party to any legal actions or law suits? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**FORWARDING ADDRESS TO MAIL SECURITY DEPOSIT AFTER MOVE-OUT:**

**This MUST be completed in order to process application!** (Family member, friend, etc.)

Physical Address (No P.O. Box):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACTS** (please list one person not living at the same address)

In case of emergency, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*\* Please fill in every blank on this application, even if you have to write "none" or "N/A".**

**Applicant for tenancy represents that all the above statements are true, correct and complete and hereby authorizes verification of the information provided here including, but not limited to, obtaining a credit report, background investigation and verification of employment.** The cost of processing is \$40.00 for primary applicant and \$40 for any other occupant 18 years of age or older to be paid by the applicant(s) when submitting this application. **Application will not be processed if the fee is not paid. This cost is not rent or deposit and will not be refunded or applied to future rent in the event this application is denied.**

By signing this application, applicant acknowledges and agrees to the results of this application to be viewed only by Absolute Property Services, LLC and/or the property owner. Information obtained will not be shared or sold to any other parties. This application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of any deposits.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office Use Only:</b> Address: _____ Rent: _____ Deposit: _____ Move In Date: _____ Pro rate amt: _____ Approved by: _____ Date: _____</p>
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