



SOUTH COAST LANDINGS RENTAL APPLICATION



Please print or type on top of the lines provided: Each applicant must complete an application
Please read and sign the Resident Screening Guidelines prior to completing application

Equal Housing
Opportunity

A P P L I C A N T	Applicant's Full Legal Name _____		D.O.B. _____		Soc. Sec. # _____	
	() - _____		() - _____		() - _____	
	Home Phone # _____		Work Phone # _____		Cell Phone # _____	
	E-mail address _____		How Were You Referred To South Coast Landings?			
3 Y E A R R E S I D E N C Y	Present Street Address _____		Apt. # _____		City _____	
	State _____		Zip Code _____			
	Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____	
	Landlord's Phone # _____		Previous Street Address (1) _____			
	Apt. # _____		City _____		State _____	
	Zip Code _____		Dates: From - To _____		Yes / No Own home? _____	
	If "No," Landlord's Name _____		Landlord's Phone # _____			
	Previous Street Address (2) _____		Apt. # _____		City _____	
State _____		Zip Code _____				
Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____		
Landlord's Phone # _____		Do You Owe Rent To A Previous Landlord Yes / No _____		Have You Ever Been Evicted and/or Sued For Non-Payment of Rent? Yes / No _____		
Current Rent \$ _____		Have You Ever Been Sued For Damage To Rental Property? Yes / No _____		Have You Ever Filed For Bankruptcy Yes / No _____		
Year _____						
I N C O M E & A S S E T S	Current Employer (1) _____		Employer's Street Address _____		City _____	
	State _____		Zip Code _____			
	Applicant's Position _____		Dates: From - To _____		\$ _____	
	Annual Gross Income _____		Verification Contact _____		() - _____	
	Contact's Phone # _____		Contact's Fax # _____		Contact's e-mail address _____	
	Current Employer (2) - if applicable _____		Employer's Street Address _____		City _____	
	State _____		Zip Code _____			
	Applicant's Position _____		Dates: From - To _____		\$ _____	
Annual Gross Income _____		Verification Contact _____		() - _____		
Contact's Phone # _____		Contact's Fax # _____		Contact's e-mail address _____		
\$ _____		Amount of Other Income/Assets _____				
Source of Other Income/Assets _____						
O C C U P A N T S	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependent _____	
	D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____	
	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependent _____	
	D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____	
Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____		Co-signer / Guarantor _____		
D.O.B. _____						
P E T S	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____	
	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____	
A U T O S	Make _____		Model _____		Year _____	
	Color _____		License Plate # & Issuing State _____		Driver's License # & Issuing State _____	
C O N T A C T S	Emergency Contact's Name (1) _____		Relationship to you _____			
	Emergency Contact's Address _____		Apt. # _____		City _____	
	State _____		Zip Code _____			
	() - _____		() - _____		() - _____	
	Home Phone # _____		Work Phone # _____		Cell Phone # _____	
	E-mail address _____		Emergency Contact Name (2) _____			
	Relationship to you _____		Emergency Contact's Address _____		Apt. # _____	
	City _____		State _____		Zip Code _____	
() - _____		() - _____		() - _____		
Home Phone # _____		Work Phone # _____		Cell Phone # _____		
E-mail address _____						
FOR OFFICE USE ONLY						
Apartment # Applying For _____		Unit Size/Type _____		Floor _____		
Est. MI Date _____		Monthly Apartment Rent _____		# of Cats and/or Dogs included _____		
Security Dep. _____		Special Requests _____				
Lease Term: From - To _____		Date Applicant Notified By: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person of <input type="checkbox"/> Acceptance or <input type="checkbox"/> Denial _____				
Leasing Specialist That Rented Apt. _____		Leasing Specialist That Notified Applicant of Decision _____				
South Coast Landings received a deposit of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application. This deposit will be applied to the applicant's security deposit at the time of move-in. Balance due at move-in must be paid in the form of a certified check or money order.						

I understand that the Owner/Agent will collect a deposit as stated above. I also understand that this deposit will be applied to the security deposit at the time of move-in. I understand that this application is subject to acceptance or denial. If the application is denied or is rescinded, the deposit will be refunded. The application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of such information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including and without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.

Applicant's printed name _____
Applicant's signature _____ Date _____
Owner/Agent's signature _____ Date _____