

# 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 _____				Yes / No _____			
Current Rent \$ _____							
Have You Ever Been Sued For Damage To Rental Property?		Yes / No _____		Have You Ever Filed For Bankruptcy			
Yes / No _____				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 Dependant _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependant _____		
	D.O.B. _____				D.O.B. _____		
	Other Occupant's Name: Co-applicant OR Dependant _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependant _____		
	D.O.B. _____				D.O.B. _____		
	Other Occupant's Name: Co-applicant OR Dependant _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependant _____		
D.O.B. _____				D.O.B. _____			
Other Occupant's Name: Co-applicant OR Dependant _____		D.O.B. _____		Co-signer / Guarantor _____			
D.O.B. _____				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 _____		
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's Name (2) _____		Relationship to you _____				
	Emergency Contact's Address _____		Apt. # _____		City _____		
State _____		Zip Code _____					
( ) - _____		( ) - _____		( ) - _____			
Home Phone # _____		Work Phone # _____		Cell Phone # _____			
E-mail address _____							
<b>FOR OFFICE USE ONLY</b>							
Apartment # Applying For _____		Unit Size/Type _____		Floor _____		Est. MI Date _____	
Monthly Rent _____		Other Fees _____		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 _____			
<b>South Coast Landings received a non-refundable application fee of \$ _____ and a reservation fee of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application.</b> <b>Balance due at move-in must be paid in the form of a certified check or money order</b>							

I understand that the Owner/Agent will collect a non-refundable application fee and a reservation fee as stated above. I also understand that I will have three days from the date of application to cancel this Rental Application. After the expiration of this three day period, I understand that the reservation fee will be retained by the Owner/Agent to offset administrative costs, maintenance costs, and the cost associated with holding the apartment off of the market. I understand that this application is subject to acceptance or denial. If this application is denied the reservation fee will be returned to applicant. This 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 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 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 \_\_\_\_\_