

Please complete all information requested below.
Incomplete information will delay processing.

PLEASE PRINT CLEARLY



RENTAL APPLICATION

Each occupant over 18 must submit
a separate application.

About You (Exactly how it appears on driver's license or government ID card)

Mr. Mrs. Ms.

First Name		Last Name		Middle Initial
Driver's License #	Exp. Date	State Issued		Govt. Photo ID card #
Birthdate	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Marital Status		Former Last Names (maiden or married)		Email Address

Current Address

Street Address				Apt. Number
City		State	Zip	
()		()		
Home Phone		Cell Phone		
<input type="checkbox"/> Rent <input type="checkbox"/> Own	\$	()		Years: Months:
Rent or Own	Current Monthly Payment	If rent, apartment name If own, mortgage company	Phone Number Phone Number	How long have you lived here?

Previous Address

Street Address				Apt. Number
City		State	Zip	Country
()		()		
Home Phone		Cell Phone		
<input type="checkbox"/> Rent <input type="checkbox"/> Own	\$	()		Years: Months:
Rent or Own	Monthly Payment	If rent, apartment name If own, mortgage company	Phone Number Phone Number	How long have you lived here?

Employment

Current Employer		Supervisor's Name		Supervisor's Phone	
()		()		()	
Address		City	State	Zip	Work Phone
()		()		()	
Your Position / Title	Years: Months: How long have you worked here?	\$	Gross Monthly Income	\$ Additional income – child support, alimony, or other income you want included for qualification:	

Spouse or Co-Signer (Exactly how it appears on driver's license or government ID card)

First Name		Last Name		Middle Initial
Driver's License #	Exp. Date	State Issued		Govt. Photo ID card #
Birthdate	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Former Last Names (maiden or married) _____ Email Address _____
 _____ () _____
 Current Employer _____ Supervisor's Name _____ Supervisor's Phone _____
 Address _____ City _____ State _____ Zip _____
 \$ _____ Years: _____ Months: _____ () _____
 Your Position / Title _____ Gross Monthly Income _____ How Long? _____ Work Phone _____

Pets Yes No

What kind?	Weight	Breed	Age	Name	Color
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(We require a current photograph of your pet to be kept in your file. If you get a new pet or change pets, you must notify SouthCoast Properties.)

Your Rental / Criminal History *(You represent the answer is no by leaving any of the check boxes in this section blank)*

Have you ever been evicted? Yes No Have you ever been sued for property damage? Yes No
 Have you ever been sued for rent? Yes No Have you ever broken a lease? Yes No

Have you ever been convicted, plead guilty, no contest, received probation, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime, or misdemeanor assault against another person? Yes No

If yes, please explain: _____

Other Occupants *(List names of all persons under 18 who will occupy the home. All occupants over 18 must complete a separate application.)*

First Name _____ Last Name _____ Relationship _____ Birthdate _____ / _____ / _____ Social Security Number _____	First Name _____ Last Name _____ Relationship _____ Birthdate _____ / _____ / _____ Social Security Number _____
First Name _____ Last Name _____ Relationship _____ Birthdate _____ / _____ / _____ Social Security Number _____	First Name _____ Last Name _____ Relationship _____ Birthdate _____ / _____ / _____ Social Security Number _____

Emergency Contact Information *Emergency contact person over 18 not living with you. Family member preferred.*

First Name _____ Last Name _____ Middle Initial _____ Relationship to you _____
 Street _____ Apt. Number _____
 City _____ State _____ Zip _____ Country _____
 () _____ () _____ () _____
 Home Phone _____ Work Phone _____ Cell Phone _____

If you are seriously ill, missing, or in jail or Penitentiary according to an affidavit of: The above person Your Spouse Your Parent or Child
 (Check one or more)

We may allow such person(s) to enter your dwelling to remove all contents, as well as your mailbox, storeroom, and common areas. If you are seriously ill or injured, you authorized us to send for an ambulance at your expense. We are not legally obligated to do so.

Marketing Information

How did you first learn of this home for rent?

 Sign Referral Savannah Morning News Penny Saver Word of Mouth Radio Internet South-Coast Properties.com Flags Flyer Yellow Pages Transfer Magazine Ad Other: _____ Realtor Referral: Name: _____ Company: _____**Vehicle Information** (List all vehicles to be parked by you, your spouse, or other occupants, including cars, trucks, motorcycles, etc.)

Year	Make / Model of Vehicle	Color	License Tag #	State
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Year	Make / Model of Vehicle	Color	License Tag #	State
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Do you have any recreational vehicles, boats, motorcycles? Yes or No If so, please specify:

Rental Property Address: _____

Rent Amount: \$ _____ Move In Date: _____

Lease Length: _____

Deposit: \$ _____

I have submitted the sum of \$ _____ for application fee(s), which is a non-refundable payment for a credit check and other processing costs of this application. This sum is not a rental payment or security deposit and will be retained by SouthCoast Properties, LLC to cover the costs of processing the application whether my application is accepted or not.

I have submitted the sum of \$ _____ which is a non-refundable reservation fee. If SouthCoast Properties, LLC accepts my application, I agree to execute the rental agreement on or before the occupancy date set in this application. If for any reason SouthCoast Properties, LLC decides to decline my application, then SouthCoast Properties, LLC will refund this fee.

CANCELLATION. I understand that I may cancel this application within 72 hours and receive a full refund of my reservation fee, but not the application fee(s). If I cancel after 72 hours, or fail to enter into a rental agreement or refuse to occupy the premises on the agreed upon date, I understand that all fees will be forfeited. I understand that I will be charged rent from the agreed upon move-in date.

I acknowledge that this application is subject to the review and approval of SouthCoast Properties, LLC and I understand SouthCoast Properties, LLC has the sole discretion to decide if I can rent this home. I authorize SouthCoast Properties, LLC to confirm the information listed in this application and to make any inquiries about me or any of the references listed in my application, my employer, and any credit or criminal reporting agencies. Any false information will constitute rejection of this application.

Applicant Full Name (printed)	Applicant Signature	Date
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Spouse/Co-Signer Full Name (printed)	Spouse/Co-Signer Signature	Date
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Agent for SouthCoast Properties, LLC	Signature	Date
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****Please Submit Proof of Income with your Application.***

SouthCoast Properties, LLC
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