Post Office Box 1231 Charleston, SC 29402 (843) 577-7450 Fax: (843) 577-7460 www.historiccharlestonrentals.com

RENTAL APPLICATION	Apartment Applying For:
Name:	SSNDOB:
Permanent Home Address:	
Permanent Home Phone #: (Mom)	(Dad)
Student Cell #:()	E-mail Address:
Driver's License Number:	State:
Current Address/Dorm & Floor:	
Most Recent Landlord/Hall Monitor:	Phone #:
What dates did you live there:	E-mail:
Parent's Name and Address: (Mom)	
	_Mom's Cell #:
	(Dad's):
Dad's Work #:	Dad's Cell #:
	Part-time Student UnemployedPhone#
Position Held:	Monthly Income:
	Present Grade Level:
PERSONAL REFERENCE:	PHONE #:
ADDRESS/ALTERNATE PHONE #:	
	<u>APPLICATION</u>
Application is hereby made to rent premises August 7th, 2017 and ending July 28, 26 first day of each month.	known asunder a lease for dates beginning onnat and for the monthly rental of \$payable in advance on the
occupant, is subject to approval and accepta	is made herewith to be held with the clear understanding that this application, including each prospective nce. The applicant agrees to execute a lease and pay the first month's rent before possession is given. If this the owner or agent, the earnest money will be refunded. Upon signing of the lease, the earnest money shall be
By signing, the applicant gives his permission pertinent facts may be made by the Landlord	n that the Landlord or his agent may investigate the information supplied by the applicant and the full disclosure of d.
Signature:	