

The Space Company
82 1/2 Spring Street
Charleston, SC 29403
843-577-2676 Office
843-723-1475 Fax

Rental Application

___ Approved
___ Not Approved
___ Section 8

Move In Date: _____

Applicant Number 1

Applicant Number 2

Full Name: _____

SSN: _____

DOB: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

In case of Emergency please contact: _____

Address of property to be rented: _____ Monthly Rent: _____

Number of Occupants: _____ Name and Ages of Occupants: _____

Pet(s) Yes or No How many and what kind?: _____

If pets are accepted there is a \$150.00 non-refundable pet deposit per pet.

How did you hear about this property? Sign ___MLS___ Internet___Newspaper__ Yellow Pages _____

Real Estate Agent (If so, whom) _____ Other _____

I understand that there is a non-refundable application fee of Twenty Dollars (\$20.00) per applicant which must be paid when the application is submitted for consideration. I understand that, if any of the information that I have provided is false or misleading, my application may not be approved. I certify that the information that I have provided is true and correct, to the best of my knowledge. **I hereby authorize the release of my rental history, employment history, criminal history, and any other information pertinent to my rental application.**

Signature of Release #1: _____
(Copy of ID required)

Date: _____

Signature of Release #2: _____
(Copy of ID required)

Date: _____

FAIR HOUSING POLICY PROHIBITS ANYONE FROM DISCRIMINATING AGAINST ANY PERSON BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN.

1. Current Residence: _____

Dates of Occupancy: _____ Rent: _____

Reason for: leaving _____

Landlord: _____ Phone: _____

2. Previous Address: _____

Dates of Occupancy: _____ Rent: _____

Reason for leaving: _____

Landlord _____ Phone: _____

*Applicant
Number 1*

Employer: _____ **How Long:** _____

Address: _____

Occupation: _____ Supervisor: _____

Work Phone: _____ Income: _____

SSI \$ _____ AFDC \$ _____ Other Income \$ _____

*Applicant
Number 2*

Employer: _____ **How Long:** _____

Address: _____

Occupation: _____ Supervisor: _____

Work Phone: _____ Income: _____

SSI \$ _____ AFDC \$ _____ Other Income \$ _____

Have you or anyone living in your household ever been convicted of a crime? Yes No

If yes, explain. _____

Description of Vehicles to be parked on premises (year, make, model, license plate and state)?

Vehicle #1 _____ Vehicle#2 _____

The full security deposit must be paid once your application has been approved. After the security deposit has been received, the property will be removed from the rental market and the lease date must begin within two weeks. If an approved applicant fails to pay all monies due, sign the lease or occupy as agreed, the deposit will be forfeited.

Signature of Applicant (**COPY OF ID REQUIRED**)

Date

Signature of Applicant (**COPY OF ID REQUIRED**)

Date