

ROGERS PROPERTY MANAGEMENT, INC.

P.O. Box 1124
 Lexington, SC 29071
 (803) 359-0793
 (803) 359-4924 Fax

**The property cannot be held for you until
 we receive a completed application
 and the required fees.**

430 South Lake Drive
 Lexington, SC 29072

www.rogersprop.com

RENTAL APPLICATION

PROPERTY INFO

Property Address Applying for:		Type	Rent Amount
Occupancy Date	How Learned About Unit	Lease Term	Security Deposit
Pets Allowed <input type="checkbox"/> YES <input type="checkbox"/> NO If <u>YES</u> , photo(s) & Vaccination Records Required Breed(s):			Pet Fees (non-refundable) \$250 Pet Fee + \$25 Month - Per Pet
Indoor Smoking Allowed <input type="checkbox"/> YES <input type="checkbox"/> NO			

APPLICANT'S NAME & INFO below ▼

(complete PAST if at current address less than 2 years) **PRESENT PAST**

FIRST ▼	MIDDLE ▼	LAST ▼	Social Security No.	Date of Birth
Email Address			Drivers License No.	Telephone No.
(A) Present Address - street >			How Long?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
city		state	zip	Monthly Payment _____
Reason for Moving				
Name of Rental Owner or Agent <i>(present Landlord)</i>				Telephone No.
(B) Previous Address - street >			How Long?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
city		state	zip	Monthly Payment _____
Reason for Moving?				
Name of Owner or Agent <i>(previous Landlord)</i>				Telephone No.
HAS AN EVICTION EVER BEEN FILED AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE: HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE:				

EMPLOYMENT INFO

Present Employer (A)	Telephone No.	From	To
Street Address >	Position	Salary \$	per
city	state	zip	
Previous Employer (B) <i>(complete if at current job less than 2 years)</i>	Telephone No.	From	To
Street Address >	Position	Salary \$	per
city	state	zip	

SPOUSE'S NAME & INFO below ▼

SPOUSE/CHILD
INFO

FIRST ▼	MIDDLE ▼	LAST ▼	Telephone No.	Date of Birth
Spouse's Email		Drivers License No.	Social Security No.	
Spouse's Present Employer			Employer's Phone No.	From To
city state zip Employer's Address			Position	Salary \$ per
Number of Children	Name(s) of Children and Ages / specify M or F			
Will anyone other than spouse and children reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:				

REFERENCE
INFO

In Case of Emergency, notify:	Telephone No.	Relationship
Personal Reference (friend or family)	How Long Known?	Telephone No.
Personal Reference (friend or family)	How Long Known?	Telephone No.
Other Info:		

VEHICLE
INFO

Vehicle Year, Make & Model	Financed By Whom?	Monthly Payment
Vehicle Year, Make & Model	Financed By Whom?	Monthly Payment
Do you have any recreational vehicles, cars, boats, motorcycles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify:		

I recognize that this application for an apartment/home is subject to acceptance.

I hereby state that the information set forth above is true and complete and authorize verification of the information and reference given. Should any statement made in this application be a misrepresentation or untrue, the deposit will be retained as compensation to the agent for holding the apartment/home off the market.

After your application is turned in **WITH FEES and REQUIRED DOCUMENTATION**, it will be approximately 24-48 hours until application is approved or denied. Applications will not be processed on weekends or holidays.

If application is accepted, lease is to be executed at agent's office within **3 BUSINESS DAYS** after applicant is notified of such acceptance. at this time, deposit will be credited as part of the security deposit. If applicant is not accepted as resident, the deposit will be returned, except as otherwise noted.

If application is accepted and applicant notified, the lease must be signed within the above prescribed 3 business days. If this does not occur, the deposit will be forfeited as liquidated damages in payment for holding the apartment/home off the market.

I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of the investigation.

Date _____, 20____

Application must be returned to our office along with the following:

- A copy of Driver's License / Picture ID
- Copies of three (3) most recent pay stubs.
- Non-refundable application fee \$60.00 per application.*
- \$100.00 deposit* (will be applied to security deposit upon approval.)
If you are not approved, the deposit will be returned to you.
- **RENTERS INSURANCE IS A REQUIREMENT.**
Proof of coverage is required at time of lease signing, if approved.

***Non-married co-applicants must file separate applications.**

*Checks or cash for application fee and deposit - Please submit two separate checks

Checks made payable to: **ROGERS PROPERTY MANAGEMENT, INC.**

Applicant's Signature

Rogers Property Management, Inc.

Applicant's Signature

IF YOU ARE APPROVED AND CANCEL, THE DEPOSIT **WILL NOT BE REFUNDED.**

FOR OFFICE USE ONLY														
<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">By</th> <th style="text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>Reviewed</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Approved</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Reviewed</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		By	Date	Reviewed	_____	_____	Approved	_____	_____	Reviewed	_____	_____
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I hereby authorize you to submit/verify the following information to Rogers Property Management, Inc. Your prompt attention to this matter will be greatly appreciated.

(Please Print entire name)

(Applicant's Signature)

(Please Print entire name)

(Applicant's Signature)

OFFICE USE ONLY - Do Not Fill Out
RESIDENCE VERIFICATION

DATE: _____

Length of Residence: From _____ To _____

Amount: \$ _____

Paid on Time? _____

NSF Checks: _____

Noise/ Police Complaints: _____

Would you rent to this individual again? YES NO _____

Additional Comments: _____

Sincerely,


Lynn Walker
Office Manager
803-359-0793 Ext. 102
LYNN @ ROGERSPROP.COM