

Donaree Village Apartments
 6701 Dorchester Rd.
 Charleston, SC 29418
 Office: (843) 552-0661
 Fax: (843) 767-7808

APPLICATION TO LEASE

NUMBER BEDROOMS DESIRED	APT. NO.	BLDG. NO.	TEMP. ACCT. NUMBER
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PERSONAL INFORMATION

NAME:		AGE	DATE OF BIRTH	SOCIAL SECURITY NO.
MARITAL STATUS:	DRIVER'S LICENSE NO.	MAKE AND YEAR OF AUTO:		TAG NO.
PRESENT ADDRESS:			HOME PHONE:	
CITY:	STATE:	ZIP CODE:	HOW LONG AT THIS ADDRESS:	OWN <input type="checkbox"/> RENT <input type="checkbox"/>
LANDLORD'S NAME AND ADDRESS:			PHONE:	
PREVIOUS ADDRESS:				
ARE YOU SUBJECT TO TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ON MILITARY BASE HOUSING LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		Number _____	
SPOUSE'S NAME		SPOUSE'S SOC. SEC. NO.	SPOUSE'S DRIVERS LICENSE NO.	DESCRIBE ANY AND ALL PETS
NAME AND ADDRESS OF YOUR NEAREST RELATIVE WITH WHOM YOU ARE NOT LIVING:				
NAME:		ADDRESS:		
CITY:	STATE:	ZIP CODE:	PHONE:	
NAME AND ADDRESS OF SPOUSE'S NEAREST RELATIVE WITH WHOM YOU ARE NOT LIVING:				
NAME:		ADDRESS:		
CITY:	STATE:	ZIP CODE:	PHONE:	
PERSON TO CONTACT IN CASE OF EMERGENCY:			PHONE:	
LIST BELOW ALL PERSONS TO OCCUPY APARTMENT:				
	NAME	RELATIONSHIP	AGE	Date of Birth
1				
2				
3				
4				

EMPLOYMENT INFORMATION

PRESENT EMPLOYER:			PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	SALARY:
POSITION:	LENGTH OF EMPLOYMENT:		IMMEDIATE SUPERVISOR	
SPOUSE'S PRESENT EMPLOYER			PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	SALARY:
POSITION:	LENGTH OF EMPLOYMENT:		IMMEDIATE SUPERVISOR:	
MILITARY INFORMATION (EMPLOYMENT)				
RANK:	BRANCH:	STATION:	SERIAL NO.	COMMANDING OFFICER:

CREDIT INFORMATION:

WHERE DO YOU BANK?	ADDRESS:	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	LOAN <input type="checkbox"/>
CREDIT REFERENCES	CITY & STATE	ACCOUNT NO.	MO. PAY	BALANCE
1				
2				
3				
4				

(I) (We) hereby make application for the above described apartment unit. With the execution of this Application (I) (We) have paid an earnest money deposit of \$ _____ to Donaree Village Apts., which amount shall be applied as follows:

- (a) If this application is accepted, (I) (We) agree to enter into a written Lease for the above described apartment unit, in which case the earnest money deposit will be applied to all or portion of the security deposit due.
- (b) If (I) (We) should refuse to enter into a written Lease upon being offered the above described apartment, Donaree Village Apts. shall retain the earnest money deposit as liquidated damages.
- (c) If any information contained in this Application is found to be untrue, thereby causing this Application to be rejected, Donaree Village Apts. shall retain \$20.00 of the earnest deposit as liquidated damages and the balance shall be refunded to (me) (us).
- (d) Date Accepted by Resident: _____
- (e) Date applicant agrees to move in: _____

NOTE: By signing this form, the applicant recognizes that the lessor or his agent may investigate the information supplied by the applicant, and a few disclosures of pertinent facts may be made to the lessor.

SIGNATURE:	SPOUSE'S SIGNATURE:	DATE:
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