

Cherry Grove Apartments

1061 Hearn Street
Rock Hill, South Carolina 29732
Phone: (803) 366-1233
Fax: (803) 366-4499

\$ _____ Application Fee Non-refundable

RESIDENT APPLICATION FOR OCCUPANCY

Monthly rent \$ _____ Lease term - check one 6 mo. Apartment No. _____
Deposit \$ _____ 1 yr. Expected Occupancy Date _____

PART 1 (PLEASE PRINT PLAINLY)

Married () Single () Separated () Roommate ()

Head of Household _____ Driver's License No. _____

Date of Birth _____ Social Security No. _____ / _____ / _____
Month Day Year

Spouse / Roommate Name _____ Driver's License No. _____

Date of Birth _____ Social Security No. _____ / _____ / _____
Month Day Year

No. of persons who will occupy apartment _____ I learned of these apartments from _____

OTHER OCCUPANTS: NAME, AGE, DATE OF BIRTH, AND RELATIONSHIP

1. _____ 2. _____
3. _____ 4. _____

In case of emergency, notify _____ Telephone () _____
Name, address, relationship

Do you have any pets? If so, please specify _____ Weight _____
Type and breed

PART 2 RESIDENCE HISTORY

A. Present Address _____ Zip _____ Telephone () _____
Present Landlord _____ Zip _____ Telephone () _____
Monthly rent \$ _____ Length of residence _____ Yrs. _____ Mo. Is your name on lease* _____

B. Previous Address _____ Zip _____ Telephone () _____
Previous Landlord _____ Zip _____ Telephone () _____
Monthly rent \$ _____ Dates of residency _____ to _____ Was your name on lease* _____

*If no, give name and phone number of person on lease or mortgage.

A. _____ B. _____
Telephone () _____ Telephone () _____

Have you ever broken a lease for been evicted from any type of housing? ____ Yes ____ No

If yes, please explain _____

PART 3 HEAD OF HOUSEHOLD EMPLOYMENT FOR LAST TWO YEARS

Name of Company	Street Address	City	State	Position	Mo. Income	Supervisor	Telephone	Lgth. of Empl.
A.								
B.								

SPOUSE / ROOMMATE EMPLOYMENT FOR LAST TWO YEARS

Name of Company	Street Address	City	State	Position	Mo. Income	Supervisor	Telephone	Lgth. of Empl.
A.								
B.								

Other Income _____ Source _____

PART 4 OPEN CREDIT REFERENCES

Name	Address	Mo. Payments	Balance	Acct. No.	Telephone
A.					
B.					

TRANSPORTATION

A. Type of Auto _____ Tag No. _____ County _____ State _____

B. Do you have any recreational vehicles, vans, boats, motorcycles? If so, specify _____

CREDIT CHECK FEE

Applicant has submitted the sum of \$ _____ which is **non refundable** payment for a credit check and processing charge receipt of which is acknowledged by management. Such sum is not a rental payment or payment of administrative fee. **This application must be signed before it can be processed by management. Any false information will constitute grounds for rejection of application or termination of lease.** I hereby authorize Cherry Grove Apartments to verify information given and have my permission to do a criminal history background check.

ACCEPTANCE AGREEMENT

If my application is accepted, I agree to execute management's usual rental agreement on or before the occupancy date set out in this application. I also agree to pay a security deposit of \$ _____ upon approval of this application. I understand I may cancel this application by written notice within 48 hours of approval and receive a refund of this deposit minus a \$ _____ administrative fee. I have never been arrested by the police or convicted in court for an illegal drug-related offense.

Date _____

Applicant's Signature _____

Date Approved _____