

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		Type	Rent Amount
Occupancy Date	Lease Term	How Learned About Unit	Security Deposit
Pets Allowed <input type="checkbox"/> YES <input type="checkbox"/> NO Breed(s):		If YES, provide photo(s) & Vaccination Records (\$250 PF + \$150 for ea. addl. pet)	Pet Fees (non-refundable)
Indoor Smoking Allowed <input type="checkbox"/> YES <input type="checkbox"/> NO			

APPLICANT INFO
PRESENT

APPLICANT'S NAME & INFO below ▼

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 (present landlord)				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 (previous landlord)				Telephone No.
In case of Emergency, notify:			Telephone No.	Relationship

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

EMPLOYMENT
INFO

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

SPOUSE/CHILD
INFO

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

CREDIT
INFO

Name of Bank		Address or Branch		
Credit Reference (other open charge accts.)	Type/Address	Mo. Payment	Account No. / Telephone No.	
Credit Reference (other open charge accts.)	Type/Address	Mo. Payment	Account No. / Telephone No.	
Credit Reference (other open charge accts.)	Type/Address	Mo. Payment	Account No. / Telephone No.	
Other Financial Commitments:				

REFERENCE
INFO

Personal Reference (friend or family)	How Long Known?	Telephone No.
Personal Reference (friend or family)	How Long Known?	Telephone No.
Personal Reference (friend or family)	How Long Known?	Telephone No.

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 most current pay stub.**
- **A copy of Driver's License / Picture ID**
- **Non refundable application fee \$50.00***
- **\$100.00 deposit* (will be applied to security deposit upon approval.)
If you are not approved, the deposit will be returned to you.**

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

*Checks or cash for application fee and deposit.

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

Two separate checks please.

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

ACCEPTED **REJECTED**

	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? _____

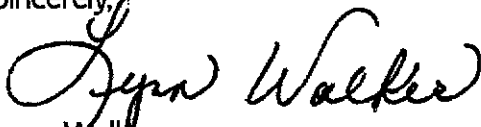
NSF CHECKS: _____

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

Revised 10-16-2017