

CAROLINA RENTAL SERVICES  
78 Arrow Road, Suite B, Hilton Head Island, SC 29928  
PH 843-842-6069 Fax 843-842-6906

\*\* A \$40.00 non-refundable processing fee is required \*\*

RENTAL APPLICATION

- ATTACHMENT #4 -

Start Date: \_\_\_\_\_ For (Address) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Present Address \_\_\_\_\_  
How Long at This address? \_\_\_\_\_ Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_  
How Long at This address? \_\_\_\_\_ Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Phone # \_\_\_\_\_

Name, relationship, and age of every person to live with you \_\_\_\_\_

Any Pets? \_\_\_\_\_ Describe: \_\_\_\_\_ Waterbed? \_\_\_\_\_

Present Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
How Long with This Employer? \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

How Long with This Employer? \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Current gross income per month (before deductions) \$ \_\_\_\_\_

Amount of alimony or child support you pay \$ \_\_\_\_\_ or receive \$ \_\_\_\_\_

Savings Account Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct# \_\_\_\_\_

Checking Account Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct# \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ Have you ever been evicted? \_\_\_\_\_

Vehicle(s) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Personal Reference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contact In Emergency \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

COMMENTS:

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I declare that the statements above are true and correct, and I hereby authorize verification of references given and a credit check

Date: \_\_\_\_\_ Signed \_\_\_\_\_