

CLUB VILLAS @ BAYTREE SOUTH CAROLINA

RESIDENTIAL RENTAL APPLICATION

Property Applying for: _____

Application Date: ____ / ____ / ____		APPLICATION NUMBER or ID		Equal Housing Opportunity
APPLICANT INFORMATION				
LEGAL NAME OF APPLICANT – FIRST		Last	MIDDLE	SS#
CURRENT PHYSICAL ADDRESS		CITY	STATE and ZIP	
<u>EMAIL ADDRESS</u>				
DATE OF BIRTH	OCCUPPATION – Full or Part Time	YEARLY INCOME	CELL PHONE	HOME PHONE
EMPLOYER		EMPLOYER ADDRESS		
HOW LONG ON JOB		EMPLOYER EMAIL OR FAX NUMBER	IN CASE OF EMERGENCY NOTIFY	
CURRENT LANDLORD		LANDLOR EMAIL OR / FAX #	YEARS WITH LANDLORD	LEASE EXPIRATION DATE
CURRENT RENT		AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE
CO - APPLICANT INFORMATION				
NAME OF CO APPLICANT – FIRST		Last	MIDDLE	SS#
CURRENT PHYSICAL ADDRESS AND EMAIL ADDRESS		CITY	STATE and ZIP	
DATE OF BIRTH	OCCUPATION	YEARLY INCOME	HOME PHONE	CELL PHONE
EMPLOYER		EMPLOYER ADDRESS		
HOW LONG ON JOB		EMPLOYER EMAIL OR FAX NUMBER	IN CASE OF EMERGENCY NOTIFY	
CURRENT LANDLORD		LANDLORD EMAIL OR FAX #	YEARS WITH LANDLORD	LEASE EXPIRATION DATE
CURRENT RENT:		AUTO LIC PLATE	PETS? IF YES, WHAT KIND	HOW MANY and SIZE
APPLICANT'S REFERENCES (OTHER THAN RELATIVES)				
1.	NAME	Address	PHONE	
2.				
CO-APPLICANTS REFERENCES				
1.				
2.				
APPLICANT'S BANK REFERENCES				
CHECKING				
SAVINGS.				
CREDIT CARDS/OTHER				

CO-APPLICANTS BANK REFERENCES		
CHECKING		
SAVINGS		

YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

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

ADDITIONAL INFORMATION: Please give us any additional information that might help the owner/management to evaluate your application.

NOTICES:

I/we understand that an application fee or any deposit (or partial deposit) paid to Jai Property Management, Inc, will not be refunded to me if I decide not to move into the property.

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the management company , owner or servicing company to perform a credit on me/us.

I/We agree to pay the non-refundable amount of \$45.00 for each Primary applicant and \$15.00 for each additional applicant for the credit check as permitted by state law. Such payment may be in the form of cash, money order or credit card payment over the phone to the management company, servicing company or its affiliates. By signing below, I hereby authorize the management company to charge my credit card in the event that this payment is made over the phone and I hereby acknowledge that this credit card is owned by me or one of the persons on this application, and we hereby agree and consent to the charges

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Credit Fee \$ _____ Date: _____ Security Deposit: \$ _____ Date: _____

Credit Report Requested Date: _____ Review Date _____ by: _____ Approved Y _____ N _____

OFFICE NOTES:

If the application is not approved or accepted by the owner or agent, the applicant(s) hereby waives any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

Sign below:

Name of Applicant

Date

Name of co Applicant

Date

AUTHORIZATION
Release of Information

I authorize an investigation of my credit, tenant history, criminal background, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company

Name (please print)

Signature

Date

Name (please print)

Signature

Date



5932 PINE GROVE TRL, STE 107
CHATTANOOGA, TN 37421
PH: 1-843-999-4036
FAX: 1-800-423-1586
EMAIL: CLUBVILLAS@JAIPM.COM
WWW.JAIPM.COM

ATTENTION PROSPECTIVE TENANT!

IN ORDER TO PROCESS YOUR APPLICATION WE NEED TO GET SOME DOCUMENTS FROM YOU:

1. PAY STUBS OR PROOF OF PAYMENT. IF YOU ARE SELF EMPLOYED WE NEED YOUR 1099 SHOWING ANNUAL INCOME. IF YOU ARE W-2 YOUR MOST RECENT TWO PAY STUBS WILL SUFFICE. AWARD LETTER IF YOU ARE RETIRED OR RECEIVE SOCIAL SECURITY.
2. COPY OF VALID ID OR PASSPORT AND SOCIAL SECURITY CARD.
3. COPY OF A POWER /WATER/GAS BILL IN YOUR NAME OR ANY MAIL.
4. APPLICATION FEE \$ 45.00 FOR 1ST APPLICANT \$ 15.00 FOR ANY OTHER APPLICANTS OVER AGE 18 (NON REFUNDABLE) SEE ATTACHED CC FORM FOR THE PAYMENT

APPLICATION MAY BE FAXED TO 1-800.423.1586
EMAILED TO: CLUBVILLAS@JAIPM.COM

PLEASE NOTE THAT AFTER THE APPROVAL OF YOUR APPLICATION YOU WILL NEED TO CALL TO SCHEDULE A LEASE SIGNING DATE. PLEASE NOTE THAT THE LEASE SIGNING DATE CANNOT BE DONE SAME DAY. PLEASE ALLOW 48 HRS AFTER YOU HAVE BEEN APPROVED TO SIGN YOUR LEASE.

WE WILL NOT START PROCESSING YOUR APPLICATION UNLESS WE RECEIVE THIS.

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD & CARDHOLDER INFORMATION			
NAME EXACTLY AS IT APPEARS ON CARD			
BILLING ADDRESS: STREET		APT/SUITE	
CITY	STATE	ZIP	PHONE
MasterCard_____ Visa_____ AMEX_____ Discover_____			
Card Number: _____		Exp Date: _____ / _____	
Amount Charged: _____		Date of Transaction: _____	
IMPORTANT If you intend for another individual to make payments using your credit card information, you must give them authorization on this form. Please list names of those individuals that are authorized to use your credit cards as payment for service. No other individuals will be allowed to request that these credit cards be used for payments.			
Authorized user's name: _____ The undersigned hereby declares that the credit information listed is true, accurate and appears in the name as stated and authorization is hereby given to the above individuals to use this card for services from _____ . I authorize my credit card company to accept and to charge my account for purchases initiated by the above named individuals. This authorization allows _____ to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.			
Signature of Card Holder	Print Name	Date	
Additional terms and conditions of this agreement:			
Cardholder Initials Here: _____			