

Saileast Property Management, LLC
P O BOX 6965 MYRTLE BEACH SC 29572
Tel. (843) 492-4116

PLEASE PRINT LEGIBLY USING BLACK INK. APPLICANT MUST SIGN AND DATE THIS APPLICATION.
ALL OCCUPANTS OVER THE AGE OF 18 YEARS MUST COMPLETE A SEPARATE APPLICATION.

CHECK TYPE OF APARTMENT: 1 BEDROOM _____ 2 BEDROOM _____ GROUND FLOOR _____ 2nd FLOOR _____

WILL YOU OCCUPY THE APARTMENT? YES _____ NO _____ HOW MANY OTHERS? _____

DO YOU HAVE A PET OR PETS? YES _____ NO _____ DO YOU HAVE CHILDREN? YES _____ NO _____

APPLICANT'S NAME: _____

SSN: _____ DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

DRIVER'S LIC. No. : _____ STATE: _____ AUTO TAG NUMBER : _____

STATE: _____ MAKE & COLOR OF AUTO: _____ E-MAIL: _____

PHONE: DAY _____ EVENING _____ MOBIL _____

PRESENT ADDRESS: _____ OWN _____ RENT _____

DID YOU FULFILL THE TERMS OF YOUR LEASE? YES _____ NO _____

IF ON A MONTH TO MONTH LEASE, DID YOU GIVE PROPER NOTICE TO YOUR LANDLORD? YES _____ NO _____

REASON FOR MOVING: _____

PRESENT LANDLORD: _____ PHONE: _____ LENGTH OF RENTAL: _____

PREVIOUS ADDRESS: _____

LANDLORD: _____ PHONE: _____ LENGTH OF RENTAL: _____

APPLICANT'S OCCUPATION: _____ EMPLOYED BY: _____

EMPLOYER'S ADDRESS: _____ HOW LONG? _____

POSITION HELD: _____ WORK PHONE: _____ EXT. _____

SALARY: \$ _____ OTHER INCOME: \$ _____ TOTAL INCOME: \$ _____

I HEREBY AUTHORIZE SAILEAST PROPERTY MANAGEMENT, LLC TO CONDUCT AN INVESTIGATION INTO MY CREDITWORTHINESS.

SIGNED: _____ DATE: _____