

Roland Management, Inc.
 434 Marion Ave
 Spartanburg SC 29306
 Phone: 864-585-0835 Fax: 864-585-0270

Application To Rent

Date: _____
 Application Fee: 40.00 Paid _____
 Unit Desired: _____
 Rent _____ Deposit _____

WE DO NOT SIGN A RENTAL AGREEMENT WITH ANY ONE UNDER 21 YEARS OF AGE - YOU MAY SIGN WITH A CO-SIGNER.

APPLICANT		APPLICANT	
SOCIAL SECURITY NO.	DATE OF BIRTH	SOCIAL SECURITY NO.	DATE OF BIRTH
E-MAIL		E-MAIL	
ADDRESS	PHONE NO.	ADDRESS	PHONE NO.
CITY, STATE, ZIP	HOW LONG?	CITY, STATE, ZIP	HOW LONG?
LANDLORD	PHONE NO.	LANDLORD	PHONE NO.
PREVIOUS ADDRESS	HOW LONG?	PREVIOUS ADDRESS	HOW LONG?
LANDLORD	PHONE NO.	LANDLORD	PHONE NO.
PREVIOUS ADDRESS	HOW LONG?	PREVIOUS ADDRESS	HOW LONG?
EMPLOYMENT	SALARY Gross Week- Biweek- Month-	EMPLOYMENT	SALARY Gross Week- Biweek- Month-
ADDRESS	HOW LONG?	ADDRESS	HOW LONG?
CITY, STATE, ZIP	PHONE NO.	CITY, STATE, ZIP	PHONE NO.
PERSON TO BE CONTACTED IN CASE OF EMERGENCY	PHONE NO.	PERSON TO BE CONTACTED IN CASE OF EMERGENCY	PHONE NO.

I UNDERSTAND THAT I MUST PAY AN ADDITIONAL FEE OF \$200.00 (NON-REFUNDABLE) BEFORE I ACQUIRE A PET.
 ONE PET ONLY PER UNIT. AT THIS TIME -- I DO HAVE A PET _____ I DO NOT HAVE A PET _____
 WHAT KIND OF PET? _____ BREED? _____ PETS OVER 35lbs. WILL NOT BE ALLOWED.
 THESE BREEDS WILL NOT BE ALLOWED AT ANYTIME: GERMAN SHEPHERD, PIT BULL, ROTTWEILER, DOBERMAN PINSCHER.

HOW MANY CARS WILL BE KEPT AT THIS ADDRESS? ()

MAKE	COLOR	YEAR
MAKE	COLOR	YEAR
MAKE	COLOR	YEAR
DRIVERS LICENSE NUMBER		DRIVERS LICENSE NUMBER
NUMBER OF PEOPLE TO OCCUPY PREMISES		NAME
NAME		NAME
NAME		NAME

The foregoing information is complete and accurate to the best of my/our knowledge. Roland Management, Inc. has my/our permission to investigate, at its discretion-- Past Employment History, Police Records, Personal and Credit References and any other items or information set forth in this application. This application is subject to approval and acceptance by Roland Management, Inc.

I/WE AGREE THAT IF THIS APPLICATION IS ACCEPTED BY ROLAND MANAGEMENT, INC., AND I/WE DO NOT ACCEPT THE UNIT OR SIGN A LEASE BY _____, FOR WHICH THE DEPOSIT WAS MADE, OUR MONEY WILL NOT BE REFUNDED AND WILL BE FORFEITED AS LIQUIDATED DAMAGES. _____ (Applicant initial)

Deposit of \$ _____ received from applicant.

By: _____
 AGENT, ROLAND MANAGEMENT

 APPLICANT

 CO-APPLICANT