



216 N. Main Street

Greer, S.C. 29650

864 877 7456

www.jamesagency.net

Rental Application

Thank you for your interest in our properties.

Incomplete applications cannot be processed.

Application fees must be submitted with application.

APPLICANT(S) **FULL NAME:** _____

A separate application form is to be completed when co-applicants are not married. **Applicant's Telephone:** _____

hereby applies on _____ to James Agency, Inc. (Landlord) for occupancy

beginning on _____ and ending on _____ for the property located at: _____ . Monthly Rental: _____ .

Social Security# _____ Date of Birth: _____ D.L.# _____

Number of Vehicles _____ Make Model & Tag # _____

Full Names of all other occupants, ages, & relationship to applicant: _____

Number and kind of Pets: _____ Number of Smokers _____

Applicants current address: _____ How Long _____

Reason for leaving: _____ Monthly Rent _____

Owners Name & Telephone #: _____

Applicant's previous address (all within past 3 years):

From _____ to _____ Monthly rent: _____ Address: _____

Reason for leaving: _____ Owner Name & Telephone _____

From _____ to _____ Monthly rent: _____ Address: _____

Reason for leaving: _____ Owner Name & Telephone _____

Applicants Employer: _____ Supervisor: _____

How Long: _____ Employer address : _____

Employer telephone: _____ Employed As: _____ Monthly Income _____

Other sources of income: to be considered:

Other income: _____ Source: _____

Other Income: _____ Source: _____

Full Name of Nearest Relative: _____

Relationship: _____ Address & Telephone: _____

Emergency Contact: _____

Checking Account Institution: _____

Savings Account Institution: _____

Bank Loan Institution: _____

Other Credit: _____

Credit Cards: _____

Applicants: Criminal History: Arrests, Convictions, Provide Details Below:

Have you been previously evicted? _____

Full Name of Spouse: _____ Phone#: _____

Social Security #: _____ Date of Birth: _____ D.L.# _____

Address: _____

Other name or maiden name spouse used within past 3 years: _____

Spouse Employer & Address: _____

_____ Work Phone#: _____

Employed as: _____

How Long Employed: _____ Monthly Income: _____ Supervisor: _____

Spouse's Nearest Relative & Address, Phone: _____

Applicant authorizes Landlord to verify the foregoing information and to make credit, employment, rental history and reference inquiries deemed necessary by them, and Applicant also authorizes the release of information contained on this application or sought by such inquires.

The applicant agrees that the Property Manager or Real Estate Broker representing Tenant or Landlord and all affiliated agents are not responsible for obtaining or disclosing any information contained in the South Carolina Sex offender Registry. The Applicant agrees that no course of action may be brought against the Property Manager or Real Estate Broker representing Tenant or Landlord and all affiliated agents for failure to obtain or disclose any information contained in the South Carolina Sex Offender Registry. The Applicant agrees that the Applicant has the sole responsibility to obtain such information. The Applicant understands that Sex Offender Registry information may be obtained from the local sheriff's department or other appropriate law enforcement officials.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Applicants email address: _____