

American Dream Home Rentals, LLC

P.O. Box 2485, Mt Pleasant SC 29465-2485
130 N. Memorial Ave., Walterboro SC 29488
Phone: 800-521-4422 Fax: 800-590-0722

Rental Application

Non-Refundable Application Fee - \$20.00

Today's Date: _____ Rental Address: _____

Monthly Rent: _____ Date you would like to move-in: _____

Information About You: (Photo ID and Social Security card is Required)

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ SSN: _____ Drivers License #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

*Current Home Address: _____ Monthly Rent: _____

City/State/Zip: _____ Date moved in (Month/Year): _____

Landlord's name: _____ Landlord's Ph# _____

Reason For Leaving: _____

*Previous Home Address: _____ Monthly Rent: _____

City/State/Zip: _____ Date moved in: _____ Moved Out: _____

Landlord's name: _____ Landlord's Ph# _____

Reason For Leaving: _____

Name of Banking Institution: _____ Circle if applicable: Checking or Savings

Employment Information: (One month pay stubs required)

*Present Employer: _____ Job Title: _____

Supervisor's Name: _____ Phone#: _____ Length of Employment: _____

*Previous Employer: _____ Job Title: _____

Supervisor's Name: _____ Phone#: _____ Length of Employment: _____

Current Gross Monthly Income (before deductions): _____

List Alimony, Child Support, or SSI You Receive: _____ or Pay: _____

Information About Your Spouse: (Photo ID and Social Security card is Required)

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____ Home/Cell Phone: _____ Work Phone: _____

Date of Birth: _____ SSN: _____ Drivers License #: _____

Name of Banking Institution: _____ Circle if applicable: Checking or Savings

Spouse Employment Information: (One month pay stubs required)

*Present Employer: _____ Job Title: _____
Supervisor's Name: _____ Phone#: _____ Length of Employment: _____

*Previous Employer: _____ Job Title: _____
Supervisor's Name: _____ Phone#: _____ Length of Employment: _____

Current Gross Monthly Income (before deductions): _____

List Alimony, Child Support, or SSI You Receive: _____ or Pay: _____

Rental and Criminal History: (Please answer, Yes or No, to the following) If Yes, Explain on Separate Sheet of Paper

Have you or your spouse: ever been evicted or asked to move out? _____

Ever been convicted of a felony or sex crime: _____ Ever filed bankruptcy: _____

Ever been sued for rent: _____ Ever been sued for property damage: _____

Vehicle information:

Year: _____ Make/Model: _____ Color: _____ Tag #: _____ State: _____

Year: _____ Make/Model: _____ Color: _____ Tag #: _____ State: _____

Year: _____ Make/Model: _____ Color: _____ Tag #: _____ State: _____

Pet Information:

of Dogs: _____ # of Cats: _____ List other: _____

Note: A One-time non-refundable pet fee will be charged, for either an inside or outside pet.

Describe breed, weight, age, and name of animal(s):

List Name, Age and Relationship of Every Person to Live at the Property: Including yourself

Name of Nearest Relative not living with you: _____ Phone #: _____

Address: _____ Relationship: _____

Name of Personal Reference: _____ Phone #: _____

Address: _____ Relationship: _____

Name of Personal Reference: _____ Phone #: _____

Address: _____ Relationship: _____

I declare that the statements above are true and correct. I hereby authorize American Dream Home Rentals, LLC the permission to verify the foregoing information, and to make a credit, employment, rental history and reference inquiries deemed necessary by them. I authorize the release of information contained on this application or sought by such inquiries. A criminal report may be requested at the option of American Dream Home Rentals, LLC.

Information on person's status under the Sexual Offender Act is available through the Sheriff's office and discovery is the applicant's responsibility. I understand that the Application fee of \$20.00 is non-refundable. Schools and districts are applicant's responsibility.

Deposits will hold a prospective rental unit for 48 hours while the applicant makes a decision to sign the lease. At the end of that time, deposits will be refunded and the unit will be offered to other prospective applicants.

Signature of Applicant: _____ Date: _____

Signature of Spouse _____ Date: _____

Signature of Owner's Representation: _____ Date: _____

Company Mailing Address: American Dream Home Rentals, LLC
Post Office Box 2485
Mt. Pleasant, SC 29465-2485

Fax: 800-590-0722

Please complete and return:

How did you hear about us?

_____ Sign in yard

_____ Press & Standard Newspaper

_____ Talking House

_____ Internet

_____ Sign in front of store at 130 N. Memorial Avenue in Walterboro

_____ Referred by Friend

_____ Other Please specify: _____