



Sunshine Rental Properties
 550 Forestbrook Rd. Suite 304 • Myrtle Beach, SC 29579
 Office Phone: 843 -796 -1208 / Office Fax: 843-742-5768
 Office Hours: Monday – Friday 8:00 AM – 4:00 PM



Required Documents

- \$50 Application Fee Per Person Over 18
- Copy of Driver's License
- Social Security Card
- Key Release Form Filled Out
- Proof of Income Submitted

Interested Property Address: _____

Anticipated Move In Date: _____

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Full Name _____ Email _____

Present Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

D.O.B _____ Social Security _____ - _____ - _____ Driver's License # _____

Present Employer _____

Employer Address _____

Supervisor's Name _____ Phone _____ EXT _____

Position _____ How Long? _____ Monthly Income \$ _____

Previous Employer (If less than 2 years at current job) _____

Previous Employer Address _____

Supervisor's Name _____ Phone _____ EXT _____

Position _____ How Long? _____ Monthly Income \$ _____

Other Sources of Income _____ Amount \$ _____

Present Landlord or Mortgage Company _____

Contact Name _____ Phone _____

Monthly Rent or Mortgage Payment \$ _____ Lease Start Date _____ Lease End Date _____

Have you broken your lease? Yes No Why? _____

Have you ever been evicted? Yes No Why? _____

Have you ever been convicted for a felon? Yes No

Have you claimed bankruptcy in the last 5 years? Yes No

Have you foreclosed on your current home? Yes No

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Full Name _____ Email _____

Present Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

D.O.B _____ Social Security _____ - _____ - _____ Driver's License # _____

Present Employer _____

Employer Address _____

Supervisor's Name _____ Phone _____ EXT _____

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Have you foreclosed on your current home? Yes No

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Applicant References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Co Applicant References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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Applicant Emergency Contact (not living in home):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Co - Applicant Emergency Contact (not living in home):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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List occupants that will be residing in the home:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

List ALL pets that will be residing in the home:

Type _____ Breed _____ Weight _____ Age _____

Type _____ Breed _____ Weight _____ Age _____

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List ALL vehicles that will reside on premises:

Make _____ Model _____ License Plate State _____ License Plate # _____

Make _____ Model _____ License Plate State _____ License Plate # _____

Make _____ Model _____ License Plate State _____ License Plate # _____

Make _____ Model _____ License Plate State _____ License Plate # _____

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Please give us any additional information that might help the
Owner / management to evaluate your application:

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes the National Association of Independent Landlords to verify all of the information in this application and obtain credit reports on the above listed applicant and/or co-applicant's.

Applicant shall give Landlord a NON – REFUNDABLE application fee in the amount of \$50.00 per applicant.

If applicant or co-applicants has given any false information Landlord is entitled to reject the application, and retain all application fees as liquidated damages for Landlord's time and expenses in processing this application.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

**Co-applicants must complete the co-applicant section on the front of this form.*