



Instructions for Completing the Application for Residency

Qualification Standards: Please read and sign the form, and return with the application package.

Application for Residency Page 1... All sections must be completed. If you are applying for an apartment for student housing **as a co-signor for your student**, the application must be completed as though you, the applicant, will be living in the apartment. You should be listed as the Head of Household in the Household Composition Section. Your student should be listed as an occupant. Other student roommates will appear on their applications, so it is not necessary to list all students.

Application for Residency Page 2... Complete Section VII and Read the paragraph above the signature lines. **Please initial to the left of the paragraph that you read and understand the paragraph, and sign the application as resident.**

Rental Verification Form... If you are currently renting or have rented in the last 5 years, give the name of the rental company or landlord and **provide a phone number and fax number for the community or individual from the property that you rented.** The "Rental Verification" for should be signed at the bottom. If you own your home or are buying it, please write at the top of the page that you own your home or are buying your home. **The form must be signed at the bottom and returned with the application package.**

Employment Verification... Please complete the top section of the form and be sure to include phone and fax numbers. If we do not have phone numbers, we cannot complete your application. **The form must be signed in the top section.**

SLED Form... This form must be completed for the applicant and included in your application package.

Letter of Responsibility... The form must be completed to include the approximate amount of support you will be giving your student or relative. **The signature on this form must be witnessed by an active notary public unless it is signed in the presence of one of our office staff members.**

Please either send the completed package to our office via fax, US mail, or you may scan and e-mail the package to info@regencyparkgreenwood.com.

Please do not hesitate to call or write us with any questions that you may have.

Thank you for considering Regency Park for your housing needs!



Regency Park Apartments

QUALIFICATION STANDARDS

Dear Applicant:

Please note that Regency Park Apartments consider the following factors when processing each application:

Age: Applicants must be of legal age (18) to be considered for approval.

Income: Monthly gross income must equal a minimum of three point three (3.3) times the monthly rental rate. (Ex: rent = \$550/month; income must = \$1,815/month)

Credit References: A credit report will be obtained from the Credit Bureau and a hard copy will be retained in your file. Particular attention is paid to the manner in which other financial obligations are handled. Anything less than an R2 or 12 is considered unsatisfactory. *Note:* If applicant has no credit history, (s)he may be accepted if gainful employment or other income can be verified.

Employment: Present and previous employment must be verified. (A form will be provided to do such.) *Note:* If self-employed, a copy of the front sheet of the most recent tax return must be submitted.

Rental History: Present and previous rental history must be verified. (The amount of rent paid, payment history, length of residency and conditions of premises, etc. will be verified.)

Bankruptcy: An applicant may be accepted if the bankruptcy has been discharged as a matter of credit record for at least 3 years and the applicant meets normal credit standards as previously listed. *Note:* Any profit and loss and/or judgement, tax lien charge-off will be considered unsatisfactory credit unless discharged for at least 3 years as well.

Co-signers: No co-signers will be allowed unless the applicant is currently a full-time student enrolled in an accredited school. If using a co-signer, both the applicant and co-signer must complete an application. (Only one application fee is charged.)

Note: Income of the co-signer must equal six (6) times the monthly rental rate.

Note: Under no circumstances may an unqualified applicant put the apartment in someone else's name.

Roommates: Each applicant over the age of 18, unless married, is considered a roommate. Being so, each applicant must individually meet the qualification standards outlined above.

As an applicant, I understand the above outlined qualification standards set forth by Regency Park Apartments.



Resident Date

Resident Date

Resident Date

Resident Date



PERFORMANCE INVESTMENTS OF THE CAROLINAS LP

Regency Park Apartments Greenwood, SC

APPLICATION FOR RESIDENCY

I. APPLICANT INFORMATION

Form with fields for APPLICANT NAME (LAST, FIRST, MIDDLE), PHONE #, SPOUSE NAME, PRESENT ADDRESS, PREVIOUS ADDRESS, and PREVIOUS LANDLORD.

II. HOUSEHOLD COMPOSITION (ALL PERSONS WHO WILL OCCUPY APARTMENT)

Table with columns: NAME, SEX M/F, AGE, DOB, Full-Time Student YES/NO, RELATIONSHIP TO, SOCIAL SECURITY NUMBER.

NOTE: A student is a person carrying a subject load considered full-time by the educational institution being attended...

- 1a. Are any of the students listed above eligible to file a joint Federal Tax Return?
1b. Are any of the students listed above enrolled in government sponsored job training program?
2. Do you or any family members own a car?

Form for car and driver's license information with columns for MODEL/YEAR, TAG#, and DRIVER'S LICENSE NUMBER.

III. EMPLOYMENT INCOME: List all full-time or part-time employment, including self employment of all household members and the anticipated income from each source of employment during the next 12 months

Table with columns: NAME, EMPLOYER/ADDRESS/CITY/STATE, ANNUAL INCOME, DATE OF EMPLOYMENT, POSITION, PHONE #, SUPERVISOR.

IV. OTHER INCOME List all other types of income such as Alimony, Child Support, Social Security, Pensions, Disability Compensation, Unemployment Compensation, Welfare, SSI or Recurring Monetary Contributions, Gifts Regularly Received, Inheritance, Trust Income.

Table with columns: NAME, TYPE OF INCOME, ANNUAL AMOUNT.

V. PERSONAL REFERENCE:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Form for personal reference with fields for NAME, ADDRESS, PHONE #.

Form for emergency contact with fields for NAME, ADDRESS, PHONE #.

VI. PETS

I understand that no pets of any kind shall be permitted in the leased premises without Management's prior written consent and payment of appropriate pet fee.

Form for pet information with fields for Name of pet, Description, Breed, Age.

VII OTHER

How did you hear about us? Internet _____ Google _____ Yahoo _____ Facebook _____ Chamber of Commerce _____

Drive By _____ Referral _____ Direct Mail Brochure _____ Yellow Pages _____ Other _____

Why Did You Decide To Move Here? _____

VIII LEASE PROVISIONS

A non-refundable fee of \$ _____ is accepted to cover credit reports and other processing costs. A deposit of \$ _____ is accepted and applied toward security deposit as required by the lease. Deposit is refunded within 30 days if application is not accepted. We will withdraw your apartment from the market and not offer it to others. For this reason, if you fail to sign a lease and take occupancy on date specified below after application is accepted, your deposit will be forfeited.

Building No. _____ Apartment No. _____ Rental Rate _____ Lease Term _____
Today's Date _____ Lease Begins _____ Concession Amount _____ Move In Date _____

APPLICANT(S) MUST READ, UNDERSTAND, AND SIGN THIS STATEMENT

I certify that all of the information above about my family and me is true, complete and accurate and hereby authorize Performance Investments of the Carolinas aka Regency Park Apartments, its officers and authorized employees to perform any investigation of my creditworthiness and criminal records as they see fit as long as I am a resident of Regency Park Apartments. All persons or firms including credit reporting agencies and criminal background reporting agencies may freely give any requested information concerning me and I hereby waive all right of action for any consequences resulting from such information. I also understand that ALL CHANGES to the INCOME and ANY member of the household as well as ANY CHANGES in FAMILY MEMBERS must be reported to Management in writing IMMEDIATELY. If any of the information is found to be incorrect, the landlord at his sole discretion may cancel or terminate the lease contract and retain all monies as liquidated damages.

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

LEASING AGENT _____ DATE _____

APPLICANT _____ DATE _____

WELCOME TO YOUR NEW HOME

We would like to extend a warm welcome to you as you move into your new home. We are here to serve you in any way and to make your move a little easier so please do not hesitate to call us with any questions that you may have.

Below you will find the information that you will need to help put your new home together.

YOUR NEW ADDRESS WILL BE:

Edinburgh Circle, Apt # _____
Greenwood, SC 29649

TELEPHONE COMPANY:

Century Link
Telephone Number: 864-223-9011

ELECTRIC & GAS COMPANY:

Commissioners of Public Works (CPW)
Telephone Number: 864-942-8100

CABLE TV COMPANY:

Northland Cable Company
Telephone Number: 864-229-5421

We would like to thank you for choosing your new home. We are ready to assist you in making the best move that you have ever made!!!

Application Approval / Declination

DATE _____

APPROVED _____ SPECIAL STIPULATION _____

DISAPPROVED _____

IF THIS APPLICATION WAS DISAPPROVED, WHAT WAS THE BASIS FOR REFUSAL?

_____ UNFAVORABLE CREDIT REPORT
_____ UNFAVORABLE REPORT FROM PREVIOUS LANDLORD
_____ UNFAVORABLE EMPLOYMENT REFERENCES
_____ INCORRECT INFORMATION SUBMITTED ON APPLICATION

_____ NUMBER OR SIZE OF PETS
_____ OTHER (SPECIFY) _____

MANAGER'S SIGNATURE _____



Regency Park Apartments

RENTAL VERIFICATION FORM

ATTENTION _____

DATE _____

FAX NUMBER _____

The resident listed below has applied for an apartment at Regency Park Apartments. We would appreciate your cooperation in furnishing the information listed below. Please fax your reply to the number listed below. Thank you for your immediate attention.
Please fax form to (864) 943-5187 or call (864) 943-1333.

Applicant's Name: _____

Address: _____

Dates Resident has lived at your community? From _____ To _____

Monthly payment? _____

Was Resident ever late on rental payments? YES NO # of times _____

Any NSF checks? YES NO # of times _____

Would you re-lease to the Resident? YES NO

PLEASE EXPLAIN _____

Was proper notice given? (30 days) YES NO

PLEASE EXPLAIN _____

Any noise complaints? YES NO

PLEASE EXPLAIN _____

Do they have any pets? YES NO

Any additional comments that we need to be aware of concerning this Resident _____

Information provided by: _____ Date _____

Sincerely,
Regency Park Apartments

My signature below authorizes you to release the information requested by Regency Park Management.

APPLICANT: _____ DATE: _____



REGENCY PARK APARTMENTS

120 Edinborough Circle
Greenwood, SC 29649

Phone: (864) 943-1333

Fax: (864) 943-5187

Verification of Employment

Applicant's Name: _____ SS#: _____

Address: _____
(Street) (City) (State) (Zip)

Employer/Company: _____

Phone Number: _____ Fax Number: _____

By signing below, I authorize Performance Investments of the Carolinas LP DBA Regency Park Apartments to verify the requested information regarding my income and salary.

Signature of Applicant: _____ Date: _____

To be completed by Employer only - will not be accepted otherwise.

Date of employment: _____ to _____

Probability of continued-employment: _____

Income/Salary Info: \$ _____ /hr. averaging _____ hrs./wk

\$ _____ /month

\$ _____ /year

Information provided by: _____
(Please sign and print)

Title/Position: _____ Date signed: _____

Thank you in advance for your cooperation.
Regency Park Management

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

MARK SANFORD
Governor



ROBERT M. STEWART
Chief

RECORDS CHECK (Type or Print Clearly in Ink)

✓NAME: _____

✓AKA AND/OR MAIDEN NAMES: _____

✓DOB: _____

✓SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily.)

A FEE OF TWENTY-FIVE DOLLARS (\$25.00) FOR EACH CRIMINAL HISTORY RECORD REQUEST IS REQUIRED BY STATE LAW. PAYMENT SHALL BE MADE TO SLED EXCLUDING CASH AND PERSONALIZED CHECKS. MONEY ORDERS OR COMPANY CHECKS ARE ACCEPTED

***WARNING! ALTERATION OF THIS DOCUMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION. DO NOT ACCEPT THIS FORM UNLESS IT BEARS AN ORIGINAL PROCESSING STAMP BY SLED.**

(110288)



An Accredited Law Enforcement Agency

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7041



LETTER OF RESPONSIBILITY
(To be used only by a Parent of Guardian of the Applicant)

As an inducement for *REGENCY PARK APARTMENT HOMES* to lease apartment # _____ to _____ the undersigned agrees to accept full responsibility in the event the above mentioned Resident(s) does not fulfill his/her lease agreement on said apartment, and does not pay to Management all monies due under the terms of the lease agreement. I will promptly, upon notification of Management, their Agents, Assigns or Successors, pay the full amount owed within ten (10) days of notification. Said notice shall be deemed to be received if addressed as shown below and deposited in the U.S. main with adequate postage thereon.

The lease agreement between Resident and Management is incorporated as part of this letter of responsibility and any terms of said lease are agreed to by the undersigned including but not limited to Attorney's fees which shall become part of this agreement by reference thereto.

As Parent or Guardian, I will be providing support in the amount of approximately \$ _____ per year to applicant during the term of his or her lease.

I understand this agreement and agree to the terms thereof this day of _____ 20__.

Co-Signer

Notary Public

Social Security Number

Date of Birth

Address

City, State, Zip Code

Home Phone Number

Work Phone Number