

1 McDaniel Leasing

Application

PO Box 5930
Spartanburg, SC 29304
864-574-4296 Fax 864-587-7246

UNIT DESIRED _____

PLEASE PRINT AND ANSWER ALL QUESTIONS

1. APPLICANT

Print Name:		Home #:	Cell#:
Social Security #:	Date of Birth:		DL#:
Current Address:		City:	State: Zip Code:

CURRENT LANDLORD

Print Name:		Phone#:
Rental Dates From:	To:	Monthly Rental Amount:
Reason for Leaving:		

OCCUPATION OF APPLICANT

Employer:	Supervisor:	Phone#:
Position:	Hourly Rate:	Employment Dates:

JOINT APPLICATION? YES _____ NO _____ IF 'NO' PLEASE PROCEED TO #3 (OTHER OCCUPANTS)

2. JOINT APPLICANT

Print Name:		Home #	Cell#:
Social Security #:	Date of Birth:		DL#:
Current Address:		City:	State: Zip Code:

IF CURRENT LANDLORD INFORMATION IS THE SAME FOR JOINT APPLICANT - PLEASE PROCEED TO EMPLOYMENT SECTION.

CURRENT LANDLORD

Print Name:		Phone #:
Rental Dates From:	To:	Monthly Rental Amount:
Reason for Leaving:		

OCCUPATION OF APPLICANT

Employer:	Supervisor:	Phone#:
Position:	Hourly Rate:	Employment Dates:

3. OTHER OCCUPANTS - LIST BELOW THE NAMES OF ALL OTHER PERSONS (IN ADDITION TO APPLICANT(S) LISTED ABOVE) TO OCCUPY PREMISES REGULARLY. OCCUPANCY IS RESTRICTED TO INDIVIDUALS LISTED.

FULL NAME	RELATIONSHIP	AGE	DATE OF BIRTH

4. AUTOMOBILES

HOW MANY AUTOS?				
MAKE	MODEL	COLOR	LIC PLATE#	STATE

5. OTHER INCOME

SOURCE	AMOUNT

