

APPLICATION FOR RESIDENCE AT CAMPUS POINTE A RESIDENTIAL COMMUNITY

Please return completed application and check or money order to
Campus Pointe, 110 Chanticleer Village Drive, Myrtle Beach, SC 29579
Phone: (843) 349-3000

PERSONAL INFORMATION

Name of Applicant: _____ Phone: () _____

Address (when at School): Street: _____

City: _____ State: _____ Zip: _____

Address (when not at School): Street: _____

City: _____ State: _____ Zip: _____

S.S. Number: ()-()-() Date of Birth: / /

E-Mail: _____ Desired Apt Type: Furnished Unfurnished

What class rank are you at this time? Freshman/Sophomore/Junior/Senior/Graduate _____

Present Employer (applicant): _____

Employer's Address: Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: () _____ Monthly Gross Income: _____

Position Held: _____ Length of Employment: _____

Supervisor's Name: _____

Residence History

Name of present Landlord,
Mortgage Co. or Apt. Community: _____ Phone: () _____

Address of Landlord, Mortgage Co. or Apt.
Community Street: _____

City: _____ State: _____ Zip: _____

Monthly Payment: _____ How long have you rented or owned here? _____

Name of Prior Landlord or Apt.
Community: _____ Phone: () _____

Monthly Payment: _____ How long did you rent or own here? _____

Parent/Guardian (Guarantor) Name: _____

Guarantor's Address: Street: _____

City: _____ State: _____ Zip: _____

Guarantor's E-Mail: _____ Guarantor's Phone #: () -

Relationship of Guarantor:
(i.e. Mother/Father) _____

PLEASE LIST REQUESTED ROOMMATES (IF KNOWN): THIS IS A REQUEST ONLY!

Roommate 1:

First Name: _____ Last Name: _____ M.I. _____
Prefix: Mr. Mrs. Ms. Suffix: Jr. Sr. III IV V
Email: _____ Phone: () - _____

Roommate 2:

First Name: _____ Last Name: _____ M.I. _____
Prefix: Mr. Mrs. Ms. Suffix: Jr. Sr. III IV V
Email: _____ Phone: () - _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, notify: _____ Relationship: _____
Phone: () _____ E-Mail: _____

VEHICLE INFORMATION (If you will be parking on the premises, please provide the following information):

Make of car: _____ Year _____ License Plate #: _____ State: _____
Driver's License Number: _____ State: _____

FEES: Process Application and Reserve Apartment Unit

Applicant hereby pays to Landlord the sum of **\$35** as an Application Fee for processing this application, which shall not be refunded for any reason. A \$300 Security Deposit will be required to secure your bedroom; refundable in accordance with lease agreement. There will be a 72-hour grace period in which I, as applicant, may change my decision and decide not to reserve my room. This grace period begins from the date the Security Deposit is received by the Landlord. Any applicant, who cancels, must notify Campus Pointe in writing within the 72-hour grace period to receive the refund of the Security Deposit. Any cancellation after the 72-hour grace period will forfeit the entire deposit.

Acknowledgment

Applicant hereby authorizes verification of any and all information set forth on this application, including the release of information by any bank or savings, employer (present or former), prior rental history ad any Lender, as well as a criminal background history. All such information hereon, and released a authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentation on this application will constitute a default under the lease or rental agreement between the parties.

I have read and agree to all provisions of this application.

Signature of Applicant: _____ Date: _____

“Equal Housing Opportunity”

FOR OFFICE USE ONLY:

Lease Start Date: _____ Apt. #: _____ Bedroom: _____ Monthly Rent: _____ Agent: _____

Application Approved: Yes No
Date notified of status: _____

Date Approved or Declined: _____
Manager Approval: _____

Processed by: _____
Date: _____

We look forward to seeing you here!