



reservations@temp-housing.com / FAX 803-327-3838

INSTRUCTIONS: Please Type or Print ALL INFORMATION and return to our office as soon as possible.

SECTION A – Client Information – *You must Fax or E-Mail a legible Copy of your Driver's License*

Client Name: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Social Security # / or / ITIN # _____ - _____ - _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____ Vehicle Tag #: _____

Previous Address: _____

Name of Employer: _____ Position: _____

Employer Phone Number: _____ Supervisor's Name: _____

Monthly Income: \$ _____ *(required for Approval on Apartment)*

SECTION B – Pet Information Any Pets: (CHECK ONE) YES NO

***Client will be issued a \$200 fine per pet plus the pet rent for unreported pets, even if the pets stay is for only one day/night. Please Initial (_____)**

SECTION C – Method of Payment Desired *Initial Payment Must Be Made by Major Credit*

Card- then future payments can be by check Preferred Method of MONTHLY Payments: (CIRCLE ONE)
CHECK CREDIT CARD (On File) If all charges are not paid by the third (3rd) of every month, I agree to allow payment of my rent and/or any unpaid balances, including damages, pet rent/fines, and cleaning fees, to the credit card account provided. **Please Initial (_____)**

SECTION C – Preferred Method of Receiving Correspondence and Invoices:

E-Mail: _____ Fax #: _____

Mailing Address: _____

I Fully Understand that by signing this document I am authorizing Temporary Housing Unlimited to conduct a Full National Criminal Background Investigation on me as well as a Credit Check with any Major Credit Reporting Agencies Available.

Signature of Applicant _____

_____ Date