



P.O. Box 100
Aynor, SC 29511
843-733-3009
info@narrowgatemgmt.com

Applicant & Co-Applicant (if applicable) Information

Name: First	Middle	Last	Birth date	Social security #
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Email address			Cell phone	Driver's license #
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Name: First	Middle	Last	Birth date	Social security #
<hr/>				
Email address			Cell phone	Driver's license #
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All other occupants (under 18):		Birth date	Relationship to applicant	
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Rental History

Current Residence

Address	City	State	ZIP
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Monthly rent	Dates of residency (From/To)		Reason for moving
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Owner/Manager's name	Phone number		
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Previous Residence

Address	City	State	ZIP
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Monthly rent	Dates of residency (From/To)		Reason for moving
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Owner/Manager's name	Phone number		
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Employment History

Current employer

Occupation		
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Employer address	Employer's phone	Dates of employment
<hr/>		
Name of supervisor	Monthly pay	
<hr/>		

Previous employer

Occupation		
<hr/>		
Employer address	Employer's phone	Dates of employment
<hr/>		
Name of supervisor	Monthly pay	
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Credit History

	Bank/Institution	Balance on deposit or Balance owed	Monthly Payment
Checking account			
Savings account			
Credit card(s)			
Auto loan(s)			
Additional debt:			

General information

Have you ever been late or delinquent on rent?	Yes	No
Have you ever been evicted in the past?	Yes	No
Have you ever been party to a lawsuit?	Yes	No
Do you smoke?	Yes	No
Do you have or intend to own any pets?*	Yes	No

If yes, list type, breed, weight, and age.

If yes to delinquency, eviction or lawsuit, please explain why.

**Please note, depending on the type of pet requested, additional rent above the listed rate may be required up to \$50/mo*

Which of our properties are you interested in leasing?

Address 1

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Address 2

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Why are you moving from your current address?

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Please provide a personal reference (friend, coworker, no immediate family)

Name	Phone	Email
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Please provide a reference from a former landlord (if not provided above)

Name	Phone	Email
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Is there anything negative in your credit or background check you want to comment on?

Additional comments:

Agreement & Authorization

By signing this application, I verify that the statements in this application are true and correct. I hereby authorize Narrow Gate Management, LLC to use of the information and contacts provided to complete a credit, reference, and/or background check. I understand that false or lack of information may result in the rejection of this application.

Signature of applicant:

Date:

Signature of Co-applicant (if applicable):

Date:

Please scan your completed application and submit via email to info@narrowgatemgmt.com

Alternatively, completed applications may be faxed to 843-353-2572 or mailed to the address above



PLEASE NOTE - INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED AND NO FURTHER NOTIFICATION WILL BE PROVIDED