

Foothills Property Management of Anderson, LLC

What you need to know prior to Applying for a Rental Property

Foothills Property Management is located at 2001 North Main St. Anderson SC 29621. We are open Monday through Friday from 9am – 5pm our phone number is (864)760-0661, fax: (864)760-1661. You can visit our webpage at www.foothillspm.com or email us at info@foothillspm.com

We do not discriminate in the rental housing on the basis of the following: Race, Color, Sex, National Origin, Handicap, Family Status, Marital Status, Seeing/Hearing Eye Dog, and Religion.

RENT: Is due the 1st-5th of every month. If application is accepted and the lease agreement starts after the 5th of the month, the rent will be pro-rated (rent will only be charged for the number of days living there for that month).

NON-SMOKING: All of our rental properties are non-smoking. Units will be assessed at the time of “move out” and tenant will be charged for repairs to restore unit to smoke free conditions.

Pet Breeds not allowed at any of our properties: Pit Bulls/Staffordshire Terriers, Doberman Pinschers, Rottweilers, German Shepherds, Chows, Great Danes, Presa Canarios, Akitas, Alaskan Malamutes, Siberian Huskies, Wolf-hybrids. And all pets mixed with these breeds. **PET FEE: Under 40lbs-\$150 Non-refundable pet fee, over 40lbs- \$300 Non-refundable pet fee. If pets are allowed, only 2 pets per home. Some homes may have other restrictions.**

APPLICATIONS: All application fees are non-refundable. Each applicant, 18yrs & older, **MUST** fill out a separate application (even if married). Application fee is \$40 for each applicant who is single, or \$60 if married. The application fee includes payment for credit check, and compensates Foothills Property Management for processing the application, verifying employment and rental history, performing any required background check, and/or for preparing a draft lease requested by you or the landlord.

The application **MUST** be filled out **entirely** with at least 3 years of employment/rental history provided. If applicant can't provide 3 years of history, then a note needs to be made as to reason why. **ALL information requested on application MUST be provided, or application will be considered incomplete until necessary information is provided (which includes valid contact names & numbers).**

Along with the completed application, FPM requires the following information to be submitted with application:

- 1.) Proof of all income (e.g.- employment, 3 most recent paycheck stubs required; child support; disability; SSI; Section 8; food stamps; etc.)
- 2.) Social Security Card, and Valid photo identification (e.g. State ID, State Driver's License, Passport, or Military ID).
- 3.) If you have a pet(s), it is required for you to provide vet records and a photo of the pet(s).

Without this information, application will be considered incomplete.

By submitting an application, you consent to the company, its agents, employees or its affiliates inquiring as to your credit, your employment, your background (including a criminal background check if requested by landlord) and your prior rental history. You agree to fully cooperate with the company in providing all requested information. The company does not accept or reject any application; the landlord accepts or rejects all applications. The company complies with all equal housing opportunity laws and does not discriminate in housing in any manner

YOUR APPLICATION WILL BE DENIED IF: You, your roommate(s), your guest(s) or family member demonstrates aggressive, obnoxious or objectionable behavior either previously or to our staff, If you misrepresent any information on your application, If your previous landlord reports complaints/noncompliance, If you are a convicted felon, If you have a current or recent eviction, If you fail a drive by inspection of your current address, If your application is incomplete.

KEY POLICY: Before keys to the rental unit are released, the tenant **MUST:**

- 1.) Pay all Rents and Security Deposits.
- 2.) Have all utilities transferred into tenant's name with proof from utility companies.

I/We certify that I/We have read and understand and received a copy of this policy and procedure statement.

Name

Date

Name

Date



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED Since _____ <input type="checkbox"/> DIVORCED Since _____		DRIVERS LICENSE #	STATE	
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT.	<input type="checkbox"/> HOME <input type="checkbox"/> WORK		EMAIL	
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD		LANDLORD PHONE - -		
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

