

Charles Pointe Apartment Homes

201 West Millstone Road
Florence, South Carolina 29505
Phone: (843) 661-0111 | Fax: (843) 661-7424
Email: charlespointeapts@sc.rr.com
Website: www.charlespointeapts.com
Office Hours: Mon-Fri 8:30am-5:30pm | Saturday 9am-1pm

LEASING PROCESS AND REQUIREMENTS

Must meet the following requirements:

1. Income must be 3 times the rent.
2. Pass a criminal background check
3. Pass a credit screening.
 - a. More positives than negatives
 - b. No debt to previous landlord or utilities
 - c. Student loans & Medical Bill will not affect acceptance.
4. Satisfactory landlord reference (if applicable | first time renters accepted)

How to Apply:

Application package can be printed from our website or picked up in office. If after hours, you can pick up in box outside office. Applications can be dropped off

1. Submit a completed application (all 5 pages must be dated & signed)
2. Along with application please include:
 - a. Proof of Income (1 month). Employment Offer Letter accepted.
 - b. Copy of Driver's License, State ID or Passport
 - c. \$60 Application Fee (per person 18+ | Married couples processed as one)
 - i. Check, Money Order or Cashier's Check (Payable to: Charles Pointe).
 - ii. We do not accept cash or credit cards.
 - d. Applications can be submitted via email, mail, fax, in office or office drop box after hours.

How to Hold an Apartment (after application approved):

- Submit Security Deposit (1-2 Bedrooms - \$400 | 3 Bedrooms - \$500).
- Security deposit must be a separate check from application fee (Payable to: Charles Pointe)
- Your deposit will be returned and the apartment will be taken off hold if the application has not been completed and all requested information has not been provided.

To move in:

1. Set an appointment to sign lease & addendums.
2. Contact Duke Energy (place service in your name at least 24 hours prior to move in and provide us account number.
3. Pay 1st month or applicable 1st month pro-rated rent.
4. Move in.

Rev: 5-26-2022



Application To Rent

Apartment Address	Apartment Type	Lease Term	Deposit \$	Rate \$
Discounts Given			Move-In Date	

Instructions

Please complete this application giving as much information as possible. This will help us process your application quickly. If accepted as a resident, this application becomes part of the lease agreement. NOTE: EACH ADULT APPLICANT MUST COMPLETE SEPARATE APPLICATIONS.

Please Print or Type

Full Legal Name (Include Maiden) of Proposed Occupant(s)	Relationship	D/O/B	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Email Address: _____ How did you hear about our community? _____

Do you have any pets? _____ Description: _____ Pet's Weight & Height _____

PRESENT EMPLOYER:

Company Name	
Address	City State
Telephone Number	Supervisor's Name
Job Description	\$ Monthly Income (Gross)
Employment Dates	From / / To / /

SPOUSE/PRESENT EMPLOYER:

Company Name	
Address	City State
Telephone Number	Supervisor's Name
Job Description	\$ Monthly Income (Gross)
Employment Dates	From / / To / /

PRESENT RESIDENCE:

Present Address	\$ Monthly Rent Payment
City	State Zip
From / / To / /	Home Telephone
Name of Owner and/or Apt. Complex	Telephone

PREVIOUS RESIDENCE:

Present Address	\$ Monthly Rent Payment
City	State Zip
From / / To / /	Home Telephone
Name of Owner and/or Apt. Complex	Telephone

AUTOMOBILE:

#1 Year, Make, Model & Color of Applicant's Car	\$ Monthly Payment
License Number State	Driver's License Number
#2 Year, Make, Model & Color of Applicant's Car	\$ Monthly Payment
License Number State	Driver's License Number

IN CASE OF EMERGENCY NOTIFY:

#1 Nearest Relative Other Than Spouse	Telephone
Address	City/State Relationship
#2 Nearest Relative Other Than Spouse	Telephone
Address	City/State Relationship

Have you ever been evicted? ☐ Yes ☐ No

The undersigned represents the above statements are true and complete and authorizes verification of information and references given. A \$ _____ non-refundable application fee is charged to process the rental application. It is understood the security deposit received, \$ _____, will be returned if applicant is not accepted as a resident. If accepted and the resident does not move in on the starting date given, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. I understand I may cancel this application by written notice within 72 hours and receive a full refund of security deposit. If I cancel after 72 hours, I understand I forfeit the deposit.

Date _____, 20____ Applicant _____ Applicant _____

APP Received by: _____



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SECURITY DEPOSIT POLICY ACKNOWLEDGEMENT

The policy of Charles Pointe Apartments concerning the prepayment of security deposits to secure a unit for occupancy is as follows:

1. Security deposits may be paid by personal check, cashier's check or money order.
2. Security deposits will be deposited into the trust account within 24 hours or next business day of receipt.
3. Should applicant choose to withdraw their application, money(s) received as a security deposit will be forfeited and not subject to any refunds. Applicants who withdraw an application no later than the third day will receive a refund of the security deposit mailed to their current address.
4. Security deposits can only "hold" a unit for a maximum of 10 days once the apartment is move-in ready. After 10 days, the applicant shall take possession of the apartment.
5. We reserve the right to transfer any security deposit to another unit of comparable size and rental rate (at the discretion of management).

I (we) have read and understand the Charles Pointe Apartment policy regarding security deposits.

Applicant signature

Date

Co-Applicant signature

Date

Agent for Charles Pointe Apartments

Date

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TENANT RELEASE AND CONSENT

I, We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Charles Pointe Apartments, for purposes of verifying information on my/our apartment.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity (criminal background check), employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes, but is not limited to:

Past and Present Employers	Welfare Agencies
Veterans Admin	Previous Landlords (including Public Housing Agencies)
State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Banks and other
Financial Institutions	Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

Applicant/Resident	(Print Name)	Date
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Co- Applicant/Resident	(Print Name)	Date
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EMPLOYMENT VERIFICATION

Offer Letter or Paystubs (30 days) can be used in place of this form

Applicant's Name _____ SS#: XXX-XX-_____

Employer Name: _____

Employer Address _____
(street) (city) (state) (zip)

Phone Number: _____ Email: _____ Fax: _____

By signing below, I authorize Charles Pointe Apartments' management to verify the requested information regarding my income/salary.

Signature of Applicant/Resident

Date

TO BE COMPLETED BY EMPLOYER- Please complete, sign & date below

Date of employment: _____ to _____ Position Title: _____

Nature of Association with applicant: _____

Probability of continued employment/rehire: _____

Income/Salary Information:

Full-time | Part-time | Seasonal | Temporary

_____ hours/week (average)

\$ _____/hour \$ _____/month \$ _____/year

Name and title of person completing form

Signature

Date

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LANDLORD VERIFICATION

Landlord Name/Property Name*: _____

Phone: _____ Email: _____ Fax: _____

Re: Applicant Name(s): _____

To Whom It May Concern:

The above referenced individual has authorized the release of all requested information. Thank you for your cooperation in completing the information on this form and returning it to Charles Pointe as soon as possible.

Cindy Munn
Property Manager

* If no previous Landlord, why? _____

I hereby authorize you to release information regarding my tenancy to the inquiring landlord.

Signature of Applicant/Resident

Date

TO BE COMPLETED BY LANDLORD - Please complete, sign & date below

Dates of applicant's tenancy from _____ to _____ Current rent is \$ _____

Is/was applicant current on rent? _____

Has/was applicant ever late? _____ How often? _____

Has applicant ever been served eviction papers for non-payment? _____

Has applicant ever been served eviction papers for material non-compliance? _____

Does/did applicant keep the unit clean and sanitary? _____

Does/did the applicant have any pets? If so, what type/breed? _____

Has/had applicant, family or guests damaged the unit or common areas? _____

If so, describe _____

Does/did applicant permit unauthorized occupants in the unit? _____

Would you rent again to the applicant? _____ If no, please explain _____

Has the applicant given notice to vacate? _____

Are you related to applicant? _____ If so, relationship? _____

Name and title of person completing form

Signature

Date

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