

Bennett Holdings, LLC

PO BOX 268 CHARLESTON SC 29402

Fax (843) 577-7460
Phone (843) 801-4347

SUBLET APPLICATION ----- Apartment Applying For: _____ Today's Date _____

Name: _____ SSN _____ - _____ - _____ DOB: _____

Permanent Home Address: _____

Student Phone #:(_____) _____ E-mail Address: _____

Current Address/Dorm & Floor: _____

Driver's License Number: _____ State: _____

Parent's Name and Address: (Mom) _____

Mom's Cell #: _____ Mom's Work #: _____

Parent's E-mail Address(es): (Mom) _____ (Dad's): _____

Parent's Name and Address: (Dad) _____

Dad's Cell #: _____ Dad's Work #: _____

Most Recent Landlord/Hall Monitor: _____ Phone #: _____

What dates did you live there: _____ E-mail: _____

EMPLOYMENT: (circle one) Full-time Part-time Student Unemployed

Current or most recent Employer: _____ Length: _____ Phone# _____

Address: _____

Position Held: _____ Monthly Income: _____

Previous Employer: _____ Length: _____ Phone #: _____

If Full-Time Student, List School: _____ Present Grade Level: _____

PERSONAL REFERENCE: _____ PHONE#: _____

ADDRESS/ALTERNATE PHONE#: _____

APPLICATION

Application is hereby made to SUBLET premises known as _____ beginning on _____ and for the monthly rental of \$ _____ payable in advance on the first day of each month.

Applicant hereby pays a **\$75 Application Fee. This fee is Non Refundable.** By signing, the applicant gives his permission that the Landlord or his agent may investigate the information supplied by the applicant and the full disclosure of pertinent facts may be made by the Landlord. **Applicant agrees to specify in the Memo section of their rent check the apartment and name of the person you are subletting from.** This is to ensure that the account is properly credited.

Signature: _____

Applicant