



Butler Capital Investments, LLC
P. O. Box 324 Ladson, SC 29456-0324
Office: 843.284.6581 / 843.297.2005 / 843.851.2874 Fax
Email: admin@butlerci.com
Website: www.ButlerCI.com

BCI Application

Application Date: _____

Real Property (Premises) Address: _____

Term(s) of Occupancy Agreement

____ Month to Month ____ Lease (From: _____ to _____)

Applicants

Full Name of Applicant: _____

Birth Date: _____ Social Security Number: _____

License Number: _____ License Issuing State: _____

Cell Phone Number: _____ Alternate Number: _____

Employment History

Current Employer's Address: _____

Place of Employment Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____

Previous Employer's Address: _____

Previous Employer's Address: _____

Place of Employment Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____



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Financials

Income

Gross Monthly Income (Before deductions): \$ _____

Supplemental Income not mentioned in Gross Monthly Income: \$ _____

Total Income: \$ _____

Liabilities

Loans:

Name of Loan Company: _____

Type of Loan: _____ Monthly Amounts: \$ _____

Credit Cards:

Name of Credit Card Company: _____

Type of Credit Card: _____ Monthly Amounts: \$ _____

Legals

Have you ever been convicted of a crime? Yes___ No___

If yes:

When did it occur? _____

Reason: _____

What was the classification or type of crime? _____

Have you ever been sued? Yes___ No___

If yes:

Reason: _____



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Legals

Outcome of the case: _____

Have you ever filed for bankruptcy? Yes___ No___

If yes:

Type of bankruptcy: _____

Bankruptcy File Date: _____ Monthly Payment Amount: \$_____

Housing History

Current Address: _____

Beginning Date Residing at Current Address: _____

Ending Date Residing at Current Address: _____

Landlord's Name: _____

Landlord's Phone: _____ Landlord's Email: _____

Previous Address (Only if applicable):

Previous Address: _____

Beginning Date Residing at Previous Address: _____

Ending Date Residing at Previous Address: _____

Landlord's Name: _____

Landlord's Phone: _____ Landlord's Email: _____



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Equal Housing Opportunity and Equal Opportunity Act

All real properties and management services from BCI are provided through Equal Housing Opportunity and Equal Opportunity Act. All services are available to all persons, regardless of race, color, religion, sex, handicap, familial status, or national origin.

References

Name: _____ Relationship: _____
How long have this person known you: _____ years Contact Number: _____

I, _____ (Print Full Name) authorize the verification of all information that I have provided in this application from: my credit sources, current and previous landlords, employers and personal references. I acknowledge that a separate application is required for each resident over the age of 18. I, the applicant, certify that all the information given above is true and correct. I understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application.

Signature

Print Full Name: _____
Signature: _____
Date: _____