

SOUTHPORT TOWNHOMES III
700 S.E. 14th Street
FT LAUDERDALE, FL 33316

APPLICATION

This application is for the purpose of purchase/lease of Unit #..... in
Southport Townhomes III

List all Occupants:

Name: _____

Date of Birth _____

Address: _____

Soc. Sec. # _____

Phone: _____

Name: _____

Date of Birth _____

Address: _____

Soc. Sec. # _____

Phone: _____

Automobile (s):

Make _____

Make _____

Tag # _____

Tag# _____

State Reg. _____

State Reg. _____

Employment and Employer Status _____

Bank Reference _____

Personal Reference: (2) _____

(Name & Phone) _____

Pets _____

Applicant's Signature _____

This application is subject to acceptance by those of concern.

APPROVED () NOT APPROVED ()

Interviewed: _____

Date _____

APPLICANTS SIGNATURE CERTIFIES THAT THE APPLICANT IS FAMILIAR
WITH THE BY LAWS OF S.P. III AND THAT THE ABOVE INFORMATION IS
TRUE AND CORRECT.

PLEASE PRINT LEGIBLY!

PLEASE VERIFY INFORMATION

Applicant: _____ SS#: _____/_____/_____
Driver's Lic #/State: _____/____ DOB: _____/____/_____
Spouse: _____ SS#: _____/_____/_____
Driver's Lic #/State: _____/____ DOB: _____/____/_____

Present Address: _____ Rent Amt: \$ _____
City: _____ State: _____ Zip Code: _____

Current Landlord: _____ Phone: () _____ How Long? _____

Previous Address: _____ How long? _____
City: _____ State: _____ Zip Code: _____

Previous Landlord: _____ Phone: () _____ How long? _____

Present Employer: _____ Phone: () _____

Position: _____ Supervisor: _____

How long? _____ Gross Income: \$ _____ per week [] per month [] per yr []
Other Income: \$ _____ per week [] per month [] per yr []

Spouse's Employer: _____ Phone: () _____

Position: _____ Supervisor: _____

How long? _____ Gross Income: \$ _____ per week [] per month [] per yr []
Other Income: \$ _____ per week [] per month [] per yr []

Banking Reference:

Bank name: _____ Phone: () _____

Account name: _____ Acct # _____ Check Amt: \$ _____

*I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY
AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY
TENANCY. IF I RENT THE UNIT, I UNDERSTAND THE INFORMATION CONTAINED ON THIS
FORM AND RENTAL AGREEMENT MAY BE MAINTAINED IN A TENANT DATA BASE BY
NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.*

TENANT SIGNATURE: _____ DATE: _____

TENANT SIGNATURE: _____ DATE: _____

Interview conducted by:

Date:

Notary: