

APPLICANT #1

Address Applying: _____, _____ FL. _____
Street Address Unit City Zip Code

PERSONAL INFORMATION

Full Name: _____ SSN#: _____ - _____ - _____

Home#: _____ Cell#: _____

Email: _____ Marital Status: Single Married Date of Birth: ____/____/____

Driver License: _____ State: _____

RENTAL HISTORY

Current Address: Street: _____ Unit: _____ City: _____ State: _____ Zip: _____

Landlord's Name: _____ Phone#: _____

Move in: ____/____/____ Move out: ____/____/____ Rental Rate: \$ _____

Reason for Moving: _____

Previous Address: Street: _____ Unit: _____ City: _____ State: _____ Zip: _____

Landlord's Name: _____ Phone#: _____

Move in: ____/____/____ Move out: ____/____/____ Rental Rate: \$ _____

Reason for Moving: _____

EMPLOYMENT HISTORY

Present Employer: _____ Annual Income After Taxes: \$ _____

Occupation: _____ Length of Employment: _____

Supervisor: _____ Phone#: _____

Previous Employer: _____ Annual Income After Taxes: \$ _____

Occupation: _____ Length of Employment: _____

Supervisor: _____ Phone#: _____

Yes	No	Have you ever had an eviction filed against you?
Yes	No	Have you ever broken a rental or lease agreement?
Yes	No	Have you or any occupants ever been arrested for, convicted of, put on probation for, had adjudication withheld or deferred for a misdemeanor or felony offence?
Yes	No	Do you or any occupants consume tobacco products of any kind?
Yes	No	Do you or any occupants own any liquid furniture?

Rental Application

APPLICANT #2

Address Applying: _____, _____ FL. _____
Street Address Unit City Zip Code

PERSONAL INFORMATION

Full Name: _____ SSN#: _____ - _____ - _____
Home#: _____ Cell#: _____
Email: _____ Marital Status: Single Married Date of Birth: ____/____/____
Driver License: _____ State: _____

RENTAL HISTORY

Current Address: Street: _____ Unit: _____ City: _____ State: _____ Zip: _____
Landlord's Name: _____ Phone#: _____
Move in: ____/____/____ Move out: ____/____/____ Rental Rate: \$ _____
Reason for Moving: _____

Previous Address: Street: _____ Unit: _____ City: _____ State: _____ Zip: _____
Landlord's Name: _____ Phone#: _____
Move in: ____/____/____ Move out: ____/____/____ Rental Rate: \$ _____
Reason for Moving: _____

EMPLOYMENT HISTORY

Present Employer: _____ Annual Income After Taxes: \$ _____
Occupation: _____ Length of Employment: _____
Supervisor: _____ Phone#: _____

Previous Employer: _____ Annual Income After Taxes: \$ _____
Occupation: _____ Length of Employment: _____
Supervisor: _____ Phone#: _____

Yes	No	Have you ever had an eviction filed against you?
Yes	No	Have you ever broken a rental or lease agreement?
Yes	No	Have you or any occupants ever been arrested for, convicted of, put on probation for, had adjudication withheld or deferred for a misdemeanor or felony offence?
Yes	No	Do you or any occupants consume tobacco products of any kind?
Yes	No	Do you or any occupants own any liquid furniture?

AUTHORIZED OCCUPANTS

List of Residents Occupying Premises.(Only these Persons will be Permitted Residence):

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

PETS

Proof off vaccination and photo of pet must be attached.

Name: _____ Breed: _____ Weight: _____
Name: _____ Breed: _____ Weight: _____

VEHICLES

Vehicle of any kind, boat and/or trailers must have current registration tag in the name of the applicant or resident listed in the Authorized Occupants Sector.

Autos, Motorcycles and Scooters:

Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____
Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____

Trucks/Pickups:

Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____
Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____

Bicycles/Kayaks and other Recreational Vehicles:

Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____
Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____

EMERGENCY CONTACT INFORMATION

Please provide at least one emergency contact.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Applicant(s) represents that all of the statements and representations are true and complete and hereby authorize verification of the above information, references and credit records. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Lessor and/or Management Company. Applicant has the right to make a written request within a reasonable time to receive additional detailed information about the nature and scope of this investigation.

By signing below, I indicate that I have read, understand and agree to the terms of this application.

Applicant #1 Signature: _____ Name: _____ Date: ____/____/____
Applicant #2 Signature: _____ Name: _____ Date: ____/____/____