



517 Arthur Godfrey Rd., Miami Beach, FL 33140
(O) 305-534-4242 (F) 305-534-4262

18205 Biscayne Blvd., #2205, Aventura, FL 33160
(O) 305-933-3377 (F) 305-933-1240

9672 Pines Blvd., Pembroke Pines, FL 33024
(O) 954-667-5000 (F) 954-667-4321

TENANT APPLICATION

Date: _____

Unit No. _____ Building No. _____ Number of Occupants: _____

(If applicable) Term of lease Starting: _____ Ending: _____

Applicant's full name: _____ Telephone: _____

Check one: ☐ Married ☐ Single ☐ Divorced.

Date of Birth: _____ Social Security number: _____

RESIDENCE REFERENCE

Current address: _____ How long: _____

City: _____ State: _____ Zip Code: _____

Landlord's Name: _____ Telephone: _____ Previous Address: _____

How Long: _____

City: _____ State: _____ Zip Code: _____

Landlord's Name: _____ Telephone: _____

EMPLOYMENT REFERENCE

Current Employer: _____ How Long: _____

Address: _____ Telephone: _____

Position: _____ Supervisor: _____ \$ _____ Per week

Previous Employer: _____ How Long: _____

Address: _____ Telephone: _____

Position: Supervisor: _____ \$ _____ Per week

BANK REFERENCE

Name of Bank: _____ How Long: _____
Address: _____ Telephone: _____
Contact: _____ Acct No. _____

CREDIT REFERENCE

Name: _____ Acct No. _____
Name: _____ Acct No. _____

ADDITIONAL SOURCE OF INCOME

Source: _____ Amount: _____
Can be verified by: _____ Telephone: _____

PERSONAL REFERENCES

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

AUTOMOBILE INFORMATION

Make of Car #1 _____ Model: _____ Year: _____
Color: _____ Tag# _____ State: _____

Driver License No. _____ State: _____
Make of Car #2 _____ Model: _____ Year: _____
Color: _____ Tag# _____ State: _____

Driver License No. _____ State: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

SPOUSE INFORMATION

Name of Spouse: _____ Date of Birth: _____
____ Employer: _____ Telephone: _____
Position: _____ Approx. Income: _____ Per
week Social Security No. _____

OTHER OCCUPANTS

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

Tenant Signature

Date

Tenant Signature

Date