RESIDENCY APPLICATION
Sales and Leases
Applicant

Name_____ **Birth Date**_____

PHONE WHERE YOU CAN BE REACHED _____

Email Address _____

Social Security Number _____ Driver's License Number _____

Full-time duty in active military service of the United States? Yes☐ No ☐

Present Home Address _____ Apt. No._____

City _____State _____ Zip Code _____ Phone _____

Lease Expires _____ Rent $ _____ How Long? _____

Landlord _____ Phone _____

Landlord's Address _____ City _____ State _____

Reason(s) for leaving _____

Previous Address _____City _____State _____

Landlord _____ Phone _____Rent $ _____ How Long? _____

Reason(s) for leaving _____

Employed By _____ Years _____

Address _____ City _____State _____

Phone _____ Position _____ Supervisor _____

Previously employed by _____Years _____

Address _____ City _____ State _____

Phone _____ Position _____ Supervisor _____

Any litigation such as evictions, suits, or judgments bankruptcies? _____

VEHICLES

1st Auto – Make _____ Year _____ Tag. No. _____ State _____

2nd Auto – Make _____ Year _____ Tag. No. _____ State _____

Personal References

Name	**Phone Number**	**# of Years Known**
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY APPLICATION
Sales and Leases
Co-Applicant

Name_____ Birth Date_____

PHONE WHERE YOU CAN BE REACHED _____

Email Address _____

Social Security Number _____ Driver's License Number _____

Full-time duty in active military service of the United States? Yes_____ No _____

Present Home Address _____ Apt. No._____

City _____State _____ Zip Code _____ Phone _____

Lease Expires _____ Rent $ _____ How Long? _____

Landlord _____ Phone _____

Landlord's Address _____ City _____ State _____

Reason(s) for leaving _____

Previous Address _____City _____State _____

Landlord _____ Phone _____Rent $ _____ How Long? _____

Reason(s) for leaving _____

Employed By _____ Years _____

Address _____ City _____State _____

Phone _____ Position _____ Supervisor _____

Previously employed by _____Years _____

Address _____ City _____ State _____

Phone _____ Position _____ Supervisor _____

Any litigation such as evictions, suits, or judgments bankruptcies? _____

VEHICLES

1st Auto – Make _____ Year _____ Tag. No. _____ State _____

2nd Auto – Make _____ Year _____ Tag. No. _____ State _____

Personal References

Name	**Phone Number**	**# of Years Known**
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY APPLICATION
Sales and Leases

The following <u>OTHER</u> persons will occupy the unit:

Name: _____ Relationship: _____Age: _____

Name: _____ Relationship: _____Age: _____

Name: _____ Relationship: _____Age: _____

The following pet(s) will be in the apartment:

Breed: Weight: _____ Age: _____

Breed: Weight: _____ Age: _____

Have you ever been convicted of a crime? _____If yes, please provide city and state of conviction with details of conviction.

_____

_____

_____

_____

PLEASE READ CAREFULLY BEFORE SIGNING

It is my (our) understanding that this Application is preliminary only and involves no obligation of the Owner, Agent or Association to approve this application or to deliver occupancy of the proposed premises. I understand that the application fee of one hundred dollars ($100.00) per person is NOT REFUNDABLE. I certify that I have read the above Application; that the information contained therein is true and correct. I understand that this application shall be incorporated in and become part of the Lease of the premises sought and if incorrect or untrue shall be grounds for cancellation of the Lease at the option of the Owner, Agent or Association. I understand that clear and sufficient funds are required at the time this application is submitted or it will not be processed. I (we) hereby authorize PMO Florida, Inc to verify all information provided above. I (we) certify that all information is true and correct. I (we) authorize PMO Florida, Inc to obtain my credit report, employment verification, criminal check and banking information. I further allow PMO Florida to make any and all other inquiries they feel necessary to evaluate my occupancy.

Signature of Applicant: _____ Date: _____

Signature of Co- Applicant: _____ Date: _____

Apartment

ADDRESS: _____ **APT #:** _____

DESIRED MOVE IN DATE: _____

REALTOR INFO: _____

EMERGENCY CONTACTS

1.

2.