APPLICATION FOR RESIDENCY

Names of ALL expected to be on lease: _____

Property Address you're applying to rent: _____

Application Date: _____ Desired Move-in date: _____

Expected Occupants:

Name	Relationship	Date Of Birth

Please complete pages 2-6 for each adult who will be residing at the property.

Pets:

Will Any Pets Occupy the Premises EVER? **YES** ❒ **NO** ❒ If yes, how many? _____

Kind (dog, cat, bird, etc.)	Breed (Lab, Poodle, etc.)	Weight at Maturity	Pet's Name

*** Additional REFUNDABLE Pet Security Deposit may be required ***

Vehicles:

Make	Model	Year	Color	Tag#

Are you currently receiving **Section 8** or any other Rent Assistance? **YES** ❒ **NO** ❒

Section 8 Division or Name of Office: _____ Voucher Amount: $_____

Case Worker's Name: _____ Phone #: _____

General Information

Please check if co-applicant: ❒

First Name: _____ Last Name: _____

Email: _____ Phone #: _____

SSN: _____ Birth Date: ____/____/____

Residence/Rental History

Current Address: _____

City/Locality: _____ State: _____ Zip/Postal code: _____

Landlord/Manager Name: _____ Phone #: _____

Monthly Rent: $_____ Dates of Residency (From/To): ____/____

Reason for Leaving: _____

_____

Previous Address: _____

City/Locality: _____ State: _____ Zip/Postal code: _____

Landlord/Manager Name: _____ Phone #: _____

Monthly Rent: $_____ Dates of Residency (From/To): ____/____

Reason for Leaving: _____

_____

Have you ever had an eviction filed against you? **YES** ❒ **NO** ❒

If you answered YES, please provide details & explanation: _____

_____

_____

_____

_____

_____

Employment/Income History – Last two years

Current Company Name: _____ City: _____

Manager Name: _____ Phone #: _____

Dates of employment (From/To): _____/_____ Annual Salary or Hourly Rate: $_____

Occupation/Job Duties: _____

_____

Previous Company Name: _____ City: _____

Manager Name: _____ Phone #: _____

Dates of employment (From/To):_____/_____ Annual Salary or Hourly Rate: $_____

Occupation/Job Duties: _____

_____

Additional Monthly Income (must submit proof): $_____ ❒ Child Support ❒ Alimony ❒ Social Security ❒ Disability ❒ Other: _____

References

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Emergency Contacts

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Criminal Background

Have you ever been arrested **or** convicted of any felony or misdemeanor? If so, please explain and disclose ALL (if needed you may submit a separate explanation letter). _____

_____

_____

_____

In addition to completing this application, EVERY occupant at least 18 years old MUST submit the following:

❒ Copy of Driver's License

❒ Signed Screening Authorization Form

❒ Completed Application

❒ Proof of ALL income

❒ Residence Reference Letter

_____	_____	_____
Name	**Signature**	**Date**

Screening Authorization:

Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by credit, criminal background & eviction reporting agencies, employers (present & former), & Landlords for residential history (present and former) to Hometown Management Solutions, LLC (Management). The applicant hereby specifically authorizes (Management) to perform employment verification, residential history verification, a credit check, and a national criminal & eviction background check to verify information on this Application. Applicant understands that ALL information disclosed on this application and
discovered during this application process is released as authorized above and will be kept confidential only to be shared with the proposed Landlord.

Applicant represents that the information set forth on this application is true and complete. Material misrepresentations on the Application will constitute a default under the Lease or Rental Agreement between the parties.

Good Faith Deposits - I hereby deposit _____ with _____ as a good faith deposit in connection with this rental application. If my application is accepted, I understand that this deposit will be applied toward payment of the required monies owed in order to take possession of the rental unit. If for any reason Management declines my application, Management will refund this good faith deposit to me in full. However, if I cancel this application for any reason, the Good Faith Deposit will be retained by Management to be shared between Owner & Management.

_____ _____ _____

Name **Signature** **Date**

Hometown Management Solutions LLC
3200 NW 62nd Ave #477
Margate, FL 33063

Phone: (954) 778-0056
https://hometown-mgmt.com/