## RENTAL APPLICATION

## ABOUT THE HOME YOU ARE LOOKING FOR:

Monthly Rent Budget:			-	•
Address (if known):				
# of Bedrooms (Minimum):	# of Baths (Minimum):	Gara	ge:  Preferred	Required #:
Desired Move-in Date:	Are You Appr	oved for Section 8	?  Yes  No	# of Bedrooms:
APPLICANT:				
Applicant's Full Name:				
Home Phone #:	Work#:	Cell#:		Other #:
Date of Birth:	Social Security #:		E-mail:	
Driver's License #:	State {		& County of License:	
APPLICANT'S EMPLOYMENT:				
Name of Present Employer:				
Employer's Address:				
Applicant's Title:	Date Started:		_ Monthly Income:	
Supervisor's Name:	Cont	act Phone #:		
Other Income:	Source:		How Often:	
CO-APPLICANT:				
Full Name of Spouse or Co-Applicant:				
Home Phone #:	Work#:	Cell#:		Other #:
Date of Birth:	Social Security #:		E-mail:	
Driver's License #:	State		& County of License:	
CO-APPLICANT'S EMPLOYMENT:				
Name of Present Employer:				
Employer's Address:				
Applicant's Title:	Date Started:		Monthly Income:	
Supervisor's Name:	Contact Phone #:			
Other Income:	Source:		How Often:	
ALL OTHER PROPOSED OCCUPAN	TS:			
Full Name:	Date of Birth:		Relationship to Applicant(s)	
Full Name:	Date of Birth:		Relationship to Applicant(s)	
Full Name:	Date of Birth:		Relationship to Applicant(s)	
Full Name:	Date of Birl	h:	Relationship to Apr	olicant(s)



## RENTAL APPLICATION (continued)

## PRESENT ADDRESS: Present Address:\_\_\_\_\_ Present Landlord or Mortgage Company: \_\_\_\_ Contact Phone # for Landlord or Mortgage Company: \_\_\_\_\_ Monthly Rent or Mortgage Payment: \_\_\_\_\_ Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Why are you moving?:\_\_\_\_ PREVIOUS ADDRESS: Previous Address: Present Landlord or Mortgage Company: \_\_\_\_ Contact Phone # for Landlord or Mortgage Company: \_\_\_\_\_\_ Monthly Rent or Mortgage Payment: \_\_\_\_\_ Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Why did you move from this property?: \_\_\_\_\_ PETS: List any Pets: Type: \_\_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Age: \_\_\_\_\_ yrs. Weight:\_\_\_\_\_ lbs. Age: \_\_\_\_\_ yrs. List any Pets: Type: \_\_\_\_ Weight: lbs. Age: yrs. \_\_\_\_\_ Breed: \_\_\_\_\_ List any Pets: Type: \_\_\_\_ PLEASE ANSWER THE FOLLOWING: Do You or Anyone in Your Household Smoke? ☐ Yes ☐ No Have the Applicant or Co-Applicant even Been Convicted of a Felony? Yes No Received Deferred Adjudication for a Felony? Yes No Been registered in any state as a Sexual Offender/Predator? Yes No Been Evicted? Yes No Broken a Lease? Yes No Declared Bankruptcy? ☐ Yes ☐ No Been Served An Eviction Notice? ☐ Yes ☐ No Received a 3 Day Notice? Yes No Details for all "Yes" answers above include dates: Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_ Phone#: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_ Phone#: \_\_\_\_\_ The above listed applicant(s) declare(s) that all statements made in this application are true and complete. Applicant(s) hereby authorize(s) the recipient to verify all of the information contained herein this application, research all public records for criminal and eviction history and obtain credit reports on the above listed applicant and/or co-applicant If applicant or co-applicant has given any false information or the information found in the public record or on the credit report does not meet the minimum requirements to rent the desired home the Landlord is entitled to reject the application. By signing below, I/We, the applicant(s), acknowledge and agree to the above terms and do hereby; agree to pay to the Landlord's agent a non-refundable application fee of \$35.00 per adult. Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to (321) 639-7333 or Email M5Pro@aol.com

Signature of Co-Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_

