

Initial _____

RENTAL APPLICATION Equal Housing Opportunity

The undersigned hereby makes an application to rent the following property:
5399 OLD CHENEY HWY; ORLANDO, FL 32807-1960.

Anticipated move date of _____ at a monthly rent of \$1,000.00 and security deposit of \$1000.00.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____

Date of Birth _____ Social Security # _____

Email Address: _____ (optional) Other Phone () _____

Co-Applicant Name _____ Dependents _____

Co-Applicant Date of Birth _____ Social Security # _____

Co-Applicant Name _____ Dependents _____

Co-Applicant Date of Birth _____ Social Security # _____

Dependents & Date of Births _____

List All Pets and weight _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ Zip _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Previous Address (last 3 years) _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Previous Address (last 3 years) _____ Rent \$ _____

Owner/Agent _____ Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes No

Have you ever been evicted from a rental residence? Yes No

Have you had two or more late rental payments in the past year? Yes No

Have you ever willfully or intentionally refused to pay rent when due? Yes No

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: Full Time Part Time Student Unemployed Retired
Applicant _____ Employer _____
Dates employed _____ Employed as _____
Supervisor Name _____ Phone () _____
Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer or school: _____.)

Status: Full Time Part Time Student Unemployed Retired
Applicant _____ Employer _____
Dates employed _____ Employed as _____
Supervisor Name _____ Phone () _____
Salary \$ _____ per _____. (If employed by above less than 12 months, If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact Name _____
Amount \$ _____ Source/Contact Name _____
Amount \$ _____ Source/Contact Name _____
Amount \$ _____ Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Name _____ Type of Account _____ Account # _____
Name _____ Type of Account _____ Account # _____
Name _____ Type of Account _____ Account # _____

Personal Reference or Emergency Contact:

Name _____ Relationship _____ Phone () _____
Address _____

Driver's License:

Your Driver's License Number _____ State _____
Your Driver's License Number _____ State _____
Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate # / State _____
Make / Model _____ Year _____ License Plate # / State _____
Make / Model _____ Year _____ License Plate # / State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____
Cell Phone # () _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

The application fee is \$35.00 for the first person and \$25.00 for each adult thereafter. The fee is non-refundable; however, if you are the successful leasing candidate, the full amount will be deducted from your balance for the first month's rent. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for 12 months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason off non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Name of Applicant Date

**AUTHORIZATION
Release of Information**

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner/manager.

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

I hereby authorize owner/ management to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby release owner/management and any procurer or furnisher of information and understand that information on my application or information obtained from my application may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Name (please print)

X _____
Signature

Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Amount received \$ _____ Received by _____ Date _____

OFFICE NOTES:

