

Initials _____, _____, _____

RENTAL APPLICATION

The undersigned hereby makes an application to rent the following property:

- 5428 Moxie Blvd; Orlando, FL 32839
- 5399 Old Cheney Hwy; Orlando, FL 32746
- 2475 Chamblee Tucker Rd.; Chamblee, GA 30341



Move date of _____ at a monthly rent of \$1,000.00 and security deposit of \$500.00.

PLEASE TELL US ABOUT YOURSELF

PLEASE FILL OUT CLEARLY

Applicant/Adult #1	First	Middle	Last		Email Address
	ext.				
Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Driver's License	State Issued			Social Security Number	Date of Birth
				Vehicle (Model & Color)	Year / Plate No. /State
Co-Applicant or Adult #2	First	Middle	Last		Email Address
	ext.				
Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Driver's License	State Issued			Social Security Number	Date of Birth
				Vehicle (Model & Color)	Year / Plate No. /State
Co-Applicant or Adult #3	First	Middle	Last		Email Address
	ext.				
Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Driver's License	State Issued			Social Security Number	Date of Birth
				Vehicle (Model & Color)	Year / Plate No. /State

Dependents & Date of Births

List All Pets & Weight or Aquarium Size(s)

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3)

PLEASE FILL OUT CLEARLY

Current Address		City, State ZIP Code
Reason for Leaving	Length of Time	Date Moved In: Month /Year
Owner/Agent	Length of Time	Amount of Rent
		Date Moved In: Month /Year
Previous Address		City, State ZIP Code
Reason for Leaving	Length of Time	Date Moved In: Month /Year
Owner/Agent	Length of Time	Amount of Rent
		Date Moved In: Month /Year
Previous Address		City, State ZIP Code
Reason for Leaving	Length of Time	Date Moved In: Month /Year
Owner/Agent	Length of Time	Amount of Rent
		Date Moved In: Month /Year
		Phone for Landlord

Personal Reference and/or Emergency Contact

Name	Relationship
Address	Contact Phone Number(s)
Name	Relationship
Address	Contact Phone Number(s)

PLEASE DESCRIBE YOUR CREDIT HISTORY

- | | |
|--|---|
| Have applicant(s) ever been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have applicant(s) ever been locked out of their apartment by the sheriff? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have applicant(s) ever broken a Lease? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have applicant(s) ever brought to court by another landlord? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have applicant(s) ever been guilty of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have applicant(s) ever been moved owing rent or damaged an apartment? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have applicant(s) ever been sued for bills? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is the total move-in amount available now (1 st month, last month & deposit)? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Initials _____, _____, _____

Bank / Credit	Account Number	Type of Account	Member Since
Bank / Credit	Account Number	Type of Account	Member Since
Bank / Credit	Account Number	Type of Account	Member Since

PLEASE PROVIDE YOUR EMPLOYMENT / INCOME INFORMATION

Employer	Supervisor Contact Number / H.R.	Supervisor Name	Proof of Income? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employed As (Occupation)	\$ _____ per _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Student
		Net Salary (After deductions)	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
			to _____
			Date(s) of Employment _____
Employer	Supervisor Contact Number / H.R.	Supervisor Name	Proof of Income? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employed As (Occupation)	\$ _____ per _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Student
		Net Salary (After deductions)	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
			to _____
			Date(s) of Employment _____
Employer	Supervisor Contact Number / H.R.	Supervisor Name	Proof of Income? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employed As (Occupation)	\$ _____ per _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Student
		Net Salary (After deductions)	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
			to _____
			Date(s) of Employment _____

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.

Source / Contact Name	Amount
_____	_____
_____	_____

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

VERIFICATION OF INFORMATION – AUTHORIZATION – RELEASE OF INFORMATION – SIGNATURE

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 each adult. 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, any 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 applicant hereby waiving any claim for damages by reason of 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.

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, banking, tenant history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records and/or any other necessary information. 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, any law enforcement agencies.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR ANY FACSIMILE OF THIS FORM AT ANY TIME.

_____	X	_____	_____
Name of Applicant, Adult #1 (Print Legibly)	Signature		Date
_____	X	_____	_____
Name of Co-Applicant, Adult #2 (Print Legibly)	Signature		Date
_____	X	_____	_____
Name of Co-Applicant, Adult #3 (Print Legibly)	Signature		Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)		
OFFICE NOTES:	Amt received	\$ _____
	Date	_____
	Received by	_____