This application is for rental screening purposes only and does not constitute acceptance of Applicant as a tenant, approval of tenancy, a lease agreement, or the creation of any landlord-tenant relationship under Florida law. A separate rental application must be fully completed, signed, and submitted by each unmarried adult occupant age eighteen (18) years or older who will reside in the premises. A valid government-issued photo identification document, such as a driver's license, state-issued identification card, passport, or other acceptable government-issued photo ID, must accompany this application before the application will be processed or considered. Submission of this application does not guarantee approval, availability of any specific rental property, or reservation of a rental unit. All applications are subject to verification, screening, and approval by Landlord and/or Management Company in accordance with applicable federal, state, and local fair housing laws.

Property Address _____**REQUESTED MOVE IN DATE**_____

1. APPLICANT NAME (last) _____ (first) _____ (middle) _____
DATE OF BIRTH_____/_____/_____ last 4 digits of SOCIAL SECURITY # XXX - XX - ___ ___ ___ ___
TELEPHONE # _____ DRIVERS LICENSE #_____ STATE _____
EMAIL ADDRESS _____
EMPLOYED BY FIRM _____TELEPHONE _____
EMPLOYER ADDRESS _____SUPERVISOR _____
HOW LONG - years_____ months _____ POSITION _____
MONTHLY GROSS PAY $_____ OTHER INCOME (describe) $_____

2. SPOUSE NAME (last)_____ (first)_____
DATE OF BIRTH_____/_____/_____ last 4 digits of SOCIAL SECURITY # XXX - XX - ___ ___ ___ ___
TELEPHONE # _____ DRIVERS LICENSE #_____ STATE _____
EMAIL ADDRESS _____
EMPLOYED BY FIRM _____TELEPHONE _____
EMPLOYER ADDRESS _____SUPERVISOR _____
HOW LONG - years_____ months _____ POSITION _____
MONTHLY GROSS PAY $_____ OTHER INCOME (describe) $_____

A. PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOW LONG – Years _____ months _____ MONTHLY PAYMENT _____

LANDLORD _____ TELEPHONE _____

Why are you leaving your current residence? _____

B. PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOW LONG – Years _____ months _____ MONTHLY PAYMENT _____
LANDLORD _____ TELEPHONE _____

C. PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOW LONG – Years _____ months _____ MONTHLY PAYMENT _____
LANDLORD _____ TELEPHONE _____

D. PERSONAL REFERENCE Name:_____Association _____

Address_____ City _____State_____Telephone _____

E. PERSONAL REFERENCE Name:_____Association _____

Address_____ City _____State_____Telephone _____

F. PERSONAL REFERENCE Name:_____Association _____

Address_____ City _____State_____Telephone _____

G. EMERGENCY Contact: Name _____Relationship _____

Address_____ City _____State_____Telephone _____

H. AUTO(S) TO OCCUPY:

Year_____ Make _____ License #_____ State _____

Year_____ Make _____ License #_____ State _____

I. FULL NAMES OF PERSONS TO OCCUPY DWELLING: (NOTE: Occupancy is limited to individuals listed.)

Name _____ Relationship to Applicant _____

Name _____ Relationship to Applicant _____

Name _____ Relationship to Applicant _____

J. Have you given legal notice of where you now live? **[☐] yes [☐] no**
K. Do you intend to have house pets at this residence? **[☐] yes [☐] no If Yes Breed**_____ **Age**_____**Weight**_____
L. Do you smoke? **[☐]** yes **[☐] no** Initial that you agree and understand there is no smoking in the apartment or within 15 feet from the building. _____
M. Do you intend to use a waterbed at this residence? **[☐] yes [☐] no.**
N. Do you have a fish tank or an aquarium? **[☐] yes [☐] no.**
O. Initial your approval that renter's insurance is required on all leases paid in full for the term of the lease. _____
P. Have you ever had an eviction filed against you? **[☐] yes [☐] no** if so, what is the date _____/_____/_____
Q. Name of landlord and circumstances_____
R. Have you ever filed a bankruptcy petition? **[☐] Yes [☐] No If so, why?** _____
S. Have you or any occupants ever been arrested or convicted or put on probation for, or had adjudication withheld or deferred for a felony offense?
[☐] yes [☐] no. If so, why? _____

APPLICANT AUTHORIZATION, SCREENING DISCLOSURE, AND DEPOSIT AGREEMENT

Applicant represents that all statements, information, and representations provided in this rental application are true, accurate, and complete to the best of Applicant's knowledge. Applicant hereby authorizes the Landlord, Property Owner, Management Company, and/or their authorized agents to verify all information provided, including but not limited to employment, income, rental history, references, credit history, criminal background records, public records, and any other information deemed necessary in evaluating this application. Applicant understands and agrees that a consumer report and/or investigative consumer report may be obtained in connection with this application pursuant to applicable federal and Florida law, including information regarding Applicant's character, general reputation, personal characteristics, credit history, mode of living, rental history, employment verification, eviction records, and criminal background information. Applicant understands that false, misleading, omitted, or misrepresented information may result in denial of this application, termination of any lease agreement entered into, forfeiture of deposits as permitted by Florida law and the lease agreement, and/or grounds for eviction pursuant to Chapter 83, Florida Statutes.

DO NOT REMIT PAYMENT FOR THE APPLICATION FEE UNTIL DIRECTED TO

_____
Signature of Applicant **Date**

_____
Signature of Applicant **Date**

OFFICE USE ONLY

SECURITY DEPOSIT	$ _____
PET SECURITY	$ _____
PET FEE	$ _____
CREDIT CHECK FEE	$ _____
PAID WITH APPLICATION	$ _____
BALANCE OF DEPOSIT DUE	$ _____
FIRST MONTH'S RENT	$ _____