

1130 Lee Blvd. Suite E Lehigh Acres, FL 33936 Phone: 239-645-1104 Fax: 239-369-7467

APPROVAL CRITERIA: 1.) DECENT CREDIT

2.) GOOD RENTAL HISTORY

3.) VERIFIABLE MONTHLY INCOME

(Office Use Only)
Showing Agent:
Managing Agent:
Property Address:
Rental Amount:
Security Deposit:
Application Fee:
Other Deposits:
Pro-rated Rent:
Additional Rent:
Total Due:
Amount Received:
Total Due Prior to Move-in

(Please print clearly) RENTAL A	APPLICATION
Applicant	
Name:	,
(last)	(first) (middle)
Social Security #	Home #
Date of Birth:	Cell #
Address:	Work #
Email Address:	
Co-Applicant	
Name: (last)	
Social Security #	
Social Security #	Home #
Date of Birth:	Cell #
(Include State Issued) Driver License #	Work #
Employment (Applicant)	
Company:	Start Date: / Gross Monthly Salary:
Address:	City: State: Zip:
Position:	Supervisor:
Employer Phone:	Employer Fax:
Employment (Co-Applicant)	
Company:	Start Date: / / Gross Monthly Salary:
Address:	City:Zip:
Position:	Supervisor:
Employer Phone:	Employer Fax:

Current Residence: (Applicant)					
ddress:		City:		State: _	Zip:
andlord/Management Co.:			Phone #:	()	
ength of Time at Address:	Rent Amount:	\$	Lease Expired:	/	1
revious Residence: (Applicant)					
ddress:		City:		State:	Zip:
andlord/Management Co.:					
ength of Time at Address:					
Current Residence: <i>(Co-Applicar</i>	1t) Please provide rental history	for the past 5 years. In	f needed, attach a separate sh	eet.	
ddress:		City:		State:	Zip:
andlord/Management Co.:			Phone #:	()	
	5				
ength of Time at Address:	Rent Amount:	\$	Lease Expired:	/	/
			Lease Expired:	/	/
Previous Residence: (Co-Applica	ant)		Lease Expired:		
Previous Residence: (Co-Applica	ant)	City:		State: _	Zip:
revious Residence: (Co-Applica ddress:andlord/Management Co.:	ant)	City:	Phone #:	State: _	Zip:
Previous Residence: (Co-Applica ddress:	Rent Amount:	City:	Phone #:	State: _	Zip:
revious Residence: (Co-Applicated description of Time at Address: dditional Occupants: All occupants	Rent Amount:	City:	Phone #: Lease Expired:	State: _	Zip:
Previous Residence: (Co-Applicated description of Time at Address: Additional Occupants: All occupants description of Time at Address:	Rent Amount:	City: \$and application. Age:	Phone #: Lease Expired: Sex:	State:	Zip:
Previous Residence: (Co-Applicated description of the companies of the com	Rent Amount:	City: \$and application. Age:	Phone #: Lease Expired: Sex: Sex:	State:	Zip:/ / Relationship:
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ear:					
	Make:	Model:	Color:	Tag #:	
ear:	Make:	Model:	Color:	Tag #:	
earest	Living Relative or Fri	end: (Emergency contact not living with you.)			
ame:		Address:		Phone #:	
ame:		Address:		Phone #:	
Re	ason for leaving you	current residence:			
Have	you ever?				\Box
		Filed for Bankruptcy? Been evicted?		Yes Yes	No No
		Willfully or intentionally refused to pay re Broken a lease or rental agreement?	ent when due?	Yes Yes	No No
		Been sued for non-payment of rent?		Yes	No
		Been convicted of a felony?		Yes	No
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Date

Co-Applicant Signature