**RENTAL APPLICATION** **Unit applied for:** **Email address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TENANT NAME: S.S.# HEIGHT WEIGHT DRIVERS LIN.#/STATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT ADDRESS: CITY, STATE HOW LONG? DATE OF BIRTH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT LANDLORD'S NAME: PHONE #: EVER EVICTED? **WHY MOVING:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS ADDRESS: HOW LONG: # OF CAR(S): TAG #/STATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR PHONE #: ALTERNATE #: BEST TIME TO CALL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: HOW LONG IN THIS TRADE: NET MO. INCOME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD: SUPERVISOR'S NAME & PHONE #: EMAIL ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER'S NAME: ADDRESS: PHONE: # HOURS WEEKLY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS EMPLOYER'S NAME & ADDRESS & CONTACT INFO: HOW LONG:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INCOME: ( ) WAGES ( ) GOVERNMENT ASSISTANCE ( ) TIPS

**CO-TENANT NAME:** S.S.# HEIGHT WEIGHT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION TO TENANT: DATE OF BIRTH: DRIVER'S LIN.#/STATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION HOW LONG DOING THIS TYPE OF WORK: MONTHLY INCOME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER'S NAME: ADDRESS: PHONE NUMBER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD: HOW LONG WITH THIS EMPLOYER: SUPERVISOR NAME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN EMERGENCY WHO TO CONTACT BESIDES SOMEONE LIVING IN THE PREMISES:

NAME: FULL ADDRESS:

PHONE #: 2ND PHONE #: WORK PHONE #:

What Rental Range are you wanting: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By when & what area of town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE FOLLOWING PERSONS WILL BE THE ONLY PERSONS LIVING WITH ME:**

If any other persons (adult or child) reside on premises that are NOT listed below, I understand I will be charged **$85. PER PERSON extra per month**.

NAME: AGE: RELATIONSHIP:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT REFERENCES**: (at least two: **not friends,relatives or co-workers**)

 WHO: ADDRESS: PHONE: LIMIT: PURPOSE:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL REFERENCES**: (at least two references: **NOT RELATIVES** or repeat above names)

 NAME: ADDRESS: CITY/STATE: PHONE #:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PET'S NAME: AGE: SIZE: BREED: FIXED\_\_\_\_\_\_

PET'S NAME: AGE: SIZE: BREED: FIXED\_\_\_\_\_\_

**A MANDATORY NON-REFUNDABLE LIQUIDATED PET FEE REQUIRED,IF PETS ARE ACCEPTABLE**

**A PET LIABILITY INSURANCE POLICY WILL BE REQUIRED FOR ALL ANIMALS**

HAVE ANY OF YOUR PETS EVER BITTEN ANYONE? ( ) YES ( ) NO

 If yes, Explain:

DO YOU OWN REAL ESTATE ( ) YES ( ) NO IF SO, WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF PROPERTY & ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ENLISTED IN THE MILITARY SERVICE? YES NO

DO YOU KNOW OF ANYTHING WHICH MAY INTERRUPT INCOME OR ABILITY TO PAY RENT

( ) YES ( ) NO. IF SO, EXPLAIN:

**TERMS AND CONDITIONS OF LEASING PROPERTY**

1. **I/WE WILL NOT PLACE A WATER BED, HOT TUB, SPA, SLIP & SLIDE, WADING OR SWIMMING POOL, OR**  **TRAMPOLINE** ON THE PREMISES WITHOUT THE **PRIOR WRITTEN CONSENT** OF THE LANDLORD AND PROVIDING THE LANDLORD WITH AN ACCEPTABLE WATER BED / FLOATATION AND/OR LIABILITY AND PROPERTY DAMAGES INSURANCE POLICY. BREACH OF THIS STATEMENT IS **GROUNDS FOR IMMEDIATE EVICTION** WITHOUT NOTICE AND FORFEITURE OF ALL SECURITY DEPOSITS. ALL VIOLATION NOTICES CARRY A $25 NOTICE FEE, A PROCESS SERVER FEE OF $50 AND/OR A SHERIFF'S SERVICE FEE OF $50 AND/OR A MAIL CERTIFICATION FEE OF $15 IN ADDITION TO THE NOTICE FEE.

2. FIRST, LAST (or additional security depending on landlord) AND SECURITY IS REQUIRED IN FULL BEFORE MOVING IN. EACH LANDLORD CAN MAKE THEIR DECISION TO WAIVE THIS OR NOT.

3. WE HEREBY AGREE TO PAY THE ADDITIONAL SUM OF $85 PER MONTH PER PERSON FOR ANY PARTIES RESIDING IN THE UNIT **WHICH ARE NOT LISTED IN THIS APPLICATION**. THERE ARE NO PRORATIONS AND NO EXCEPTIONS.

4. IT IS KNOWN ALL DISHONORED CHECKS WILL CARRY A $55 SERVICE FEE OR THAT FEE WHICH IS ALLOWABLE BY THE FLORIDA STATUTES, WHICHEVER IS GREATER. ALL FUTURE

RENT WILL BE CONSIDERED LATE UNTIL SUCH TIME AS THE AMOUNT OF THE DISHONORED CHECK PLUS ALL APPROPRIATE FEES (LATE CHARGE, DISHONORED CHECK FEE, NOTICE FEES, ETC.) ARE PAID; EVEN THOUGH FUTURE RENT PAYMENTS ARE PAID ON TIME. IN THE EVENT ANY HOUSING VERIFICATION FORMS ARE REQUIRED TO BE EXECUTED BY THE LANDLORD, THERE IS A SERVICE CHARGE OF $25 PER FORM PAYABLE PRIOR TO THE LANDLORD COMPLETING SAID FORM. TENANT UNDERSTANDS THAT ONCE HE/SHE HAS GIVEN A DISHONORED CHECK, NO PERSONAL CHECKS WILL BE ACCEPTED NO MATTER WHOSE ACCOUNT IT IS DRAWN UPON: ALL FUTURE RENT MUST BE IN CASH OR CERTIFIED FUNDS.

5. **ALL TERMS OF LEASING STATED HEREIN WILL BE AUTOMATICALLY INCORPORATED INTO THE LEASE EVEN IF THE LEASE DOES NOT CONTAIN THE LANGUAGE AGREED UPON IN THIS RENTAL APPLICAION. ALL parties sign acceptance at end of this line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

6. IF THE TENANT DOES NOT RETURN THE MOVE-IN INSPECTION SHEET, THE TENANT WAIVES THE RIGHT TO ANY DEFENSE THAT THE PREMISES ALONG WITH ALL OF ITS PERSONAL PROPERTY, WERE NOT IN GOOD, CLEAN AND PROPER WORKING ORDER.

7. POTENTIAL TENANT UNDERSTANDS AND AGREES TO PAY A FINE/CHARGE OF $50 PER DAY, EACH AND EVERY DAY THAT HE PARKS ANY VEHICLE ON THE GRASS OR ANY AREA WHICH IS NOT DESIGNATED FOR VEHICULAR PARKING, UNLESS WRITTEN AUTHORIZATION IS GIVEN TO THE CONTRARY. THIS INCLUDES STORAGE OF NON-MOTORIZED VEHICLES ON THE GRASS OR IN NON-PARKING AREAS.

8. **NO SMOKING INSIDE THE DWELLING OR ANY STRUCTURE** BY TENANT OR GUESTS. ALL SMOKING MUST BE OUTSIDE ANY ENCLOSED STRUCTURE OF THE PREMISES, INSLUDING GARAGES, OUTBUILINGS, ETC. BREACH IS CAUSE FOR TERMINATION / EVICTION AND AN AUTOMATIC DEDUCTION OF $650 FROM THE SECURITY DEPOSIT.

9. **PRIOR TO OCCUPANCY TENANT MUST OBTAIN TENANT/RENTER'S INSURANCE WITH LANDLORD AND OTHER PARTIES AS SPECIFIED BY MANAGEMENT AS ADDITIONAL NAMED INSURED; SUBJECT TO ACCEPTANCE OF POLICY.** TENANT MUST ACQUIRE SURGE SHIELD PROTECTION FROM ELECTRIC COMPANY SERVICING THE AREA.

I/WE HEREBY CERTIFY THAT THE ANSWERS I/WE HAVE GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME OR BREACH OF THESE COVENANTS WILL BE SUFFICIENT GROUNDS FOR TERMINATION AND/OR EVICTION AND LOSS OF ANY SECURITY DEPOSITS.

ANY AND ALL MONIES REQUIRED PRIOR TO INITIAL MOVE‑IN MUST BE IN THE FORM OF CASH OR CASHIER'S CHECK MONEY ORDER OR OTHER CERTIFIED FUNDS. NO PERSONAL CHECKS WILL BE ACCEPTED PRIOR TO OCCUPANCY.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_, 2015 **I/WE HAVE COMPLETED THE ABOVE AND ACCEPT THE ABOVE TERMS TO BE INCORPORATED INTO THE LEASE IF THIS APPLICATION IS ACCEPTED BY THE LANDLORD AND/OR MANAGEMENT.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant/Applicant Signature Co-Tenant/Applicant Signature

**email to** **RentalsSWFlorida@aol.com**

Identification must be submitted. Incomplete application will not be processed

**COMMENTS:**