

Pre-Application for Rental

Unit Address: _____

Owner: _____

Phone: 727-510-2223

Fax: 888-772-3230

COMPLETE ALL QUESTIONS. WRITE N/A IF NOT APPLICABLE.

Name of Applicant _____ Smoker (y/n)? _____

Co-Applicant Names _____ Smoker (y/n)? _____

Spouse's Name _____ List the names, Ages & Relationship of all Proposed

Occupants: _____

CURRENT ADDRESS _____ City _____ State _____ Zip _____

Home Phone No. _____ Complex Name _____

Rental Rate _____ Lease Expiration Date _____ Manager's Name _____

Manager's Phone No. _____ How long have you lived at this address _____

Why are you moving? _____

How did you choose this rental? _____

PRIOR RESIDENCE _____ City _____ State _____ Zip _____

Complex Name _____ Rental Rate _____ Lease Expiration Date _____

Manager's Name _____ Phone No. _____ How Long There _____

Have you ever been evicted? _____ Yes _____ No If so, from where? _____ When? _____

Describe any rental agreement you have not completed? _____

CURRENT EMPLOYMENT

Employer Name _____ Years Employed _____ Supervisor _____ Phone _____

Business Address _____ Position _____ Current Income (Weekly/Monthly) _____

Do you know of anything that may interrupt income or ability to pay rent? _____ Yes _____ No (If yes, explain) _____

PREVIOUS EMPLOYMENT

Employer Name _____ Years Employed _____ Supervisor _____ Phone _____

Business Address _____ Position _____ Current Income (Weekly/Monthly) _____

OTHER INCOME

Source _____ Type _____ Amount _____ Frequency _____

Source _____ Type _____ Amount _____ Frequency _____

VEHICLE INFORMATION

Year _____ Make _____ Color _____ State _____ Monthly payment _____

1. _____

2. _____

OTHER FINANCIAL OBLIGATIONS: List all payments greater than \$100 per month (child support, credit cards etc.)

description amount frequency description amount frequency

PETS

Do you have pets? _____ Yes _____ No Type? _____ age? _____

Mail the completed form to the address listed above or call for an appointment.