

YEARLY RENTAL APPLICATION
REV 08-02-27sk

LANDLORD: MIKE CONFORTI P.O. Box 8645 Seminole, FL 33775
PHONE: CELL (727) 510-2223, FAX (727) 596-2223 or (888) 772-3230 (start FAX immediately)

Each adult must provide photo ID and fully complete an application. We check references of all applicants. We rent to the best applicant who has the best application/references. Decisions are based on living history not appearance.

APARTMENT ADDRESS AND PERTINENT INFORMATION (to be completed by owner)

Address of unit: _____ Rent \$ _____ Deposit \$ _____

NAME (FULL) OF APPLICANT: _____

PHONE # _____ DRIV. LIC. # _____ D.O.B. ____/____/____

NAMES AND RELATIONSHIPS OF MINORS WHO WILL OCCUPY UNIT:

1. _____ AGE _____
2. _____ AGE _____

PRESENT ADDRESS: _____

HOW LONG: _____

(If less than 2 years then list previous addresses and landlords on back or second page)

PRESENT LANDLORD _____ PHONE _____

EMPLOYER AND ADDRESS _____ HOW LONG _____

PREVIOUS EMPLOYER (IF PRESENT IS LESS THAN 1 YEAR) _____

PHONE _____

SUPERVISOR _____ PHONE _____

YOUR POSITION _____

INCOME SOURCE # 1 _____ MONTHLY AMOUNT _____

SOURCE # 2 _____ MONTHLY AMOUNT _____

CREDIT REFERENCE _____

HAVE YOU EVER BEEN EVICTED? _____ IF YES, PLEASE EXPLAIN ON BACK

HAVE YOU EVER BEEN CONVICTED OF THE USE OR SALE OF ILLEGAL DRUGS? _____

DO YOU HAVE OR EXPECT TO HAVE ANY PETS? _____ DESCRIBE? _____

REFERENCE (NON RELATED) 1. _____ PHONE _____

2. _____ PHONE _____

REFERENCE (BUSINESS) 1. _____ PHONE _____

2. _____ PHONE _____

No persons other than those listed on application will be permitted to occupy dwelling without written permission of landlord and adjustment of rent if approved. Acceptance of this application by landlord does not constitute a completed agreement to rent the premises. Both parties must also sign a written agreement/lease of which this application will be part. It is understood and agreed that any deposit required to hold the unit shall be forfeited to landlord in the event applicant does not sign lease or changes his/her mind. I certify the above information is correct and may be checked for accuracy. I authorize verification of this information and a credit check.

SIGNATURE _____ DATE ____/____/____

(final or accepted copy to be signed and mailed back)