



**LOCKHART**  
& Associates, Inc.  
REALTORS

826 First Street South  
Winter Haven, FL 33880  
(863) 293-1234

# COMMERCIAL RENTAL APPLICATION

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**\$50 Application Fee**  
for EACH adult  
applicant

**PROPERTY:** \_\_\_\_\_ Rent \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Deposit \$ \_\_\_\_\_

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**HOW WILL YOU BE USING THIS SPACE?**

\_\_\_\_\_

If for an active business:  
Current Landlord / Mortgage Holder \_\_\_\_\_ Phone # \_\_\_\_\_

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**APPLICANT** \_\_\_\_\_ Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
last first middle  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ STATE \_\_\_\_\_ (attach copy)

**Home Address:** \_\_\_\_\_ **Home Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Current Landlord / Mortgage Holder \_\_\_\_\_ Phone # \_\_\_\_\_

**APPLICANT EMPLOYED BY** \_\_\_\_\_ City, State \_\_\_\_\_  
Position \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor Name \_\_\_\_\_

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**CO APPLICANT** \_\_\_\_\_ Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
last first middle  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ STATE \_\_\_\_\_ (attach copy)

**Home Address:** \_\_\_\_\_ **Home Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Current Landlord / Mortgage Holder \_\_\_\_\_ Phone # \_\_\_\_\_

How long at this address \_\_\_\_\_ Rent / Mtg Payment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**CO-APPLICANT EMPLOYED BY** \_\_\_\_\_ City, State \_\_\_\_\_  
Position \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor Name \_\_\_\_\_

 **OTHER INCOME YOU WISH TO BE CONSIDERED:**

\$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_  
 \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

 **BANK ACCOUNTS, CREDITORS:**

| Do you have a . . .   | Bank Name | Average Balance |  |
|-----------------------|-----------|-----------------|--|
| checking account?     | _____     | \$ _____        |  |
| savings account?      | _____     | \$ _____        |  |
| money market account? | _____     | \$ _____        |  |


| Do you have any . . . | Creditor Name | Approximate Balance | Monthly Payment |
|-----------------------|---------------|---------------------|-----------------|
| credit cards?         | _____         | \$ _____            | \$ _____        |
| auto loans?           | _____         | \$ _____            | \$ _____        |
| personal loans?       | _____         | \$ _____            | \$ _____        |
| other credit?         | _____         | \$ _____            | \$ _____        |
|                       | _____         | \$ _____            | \$ _____        |

 **DECLARATIONS:**

|                                                                         | <u>Applicant</u> |    | <u>Co-Applicant</u> |    |
|-------------------------------------------------------------------------|------------------|----|---------------------|----|
| Have you ever had an eviction filed or left owing money to a Landlord ? | YES              | NO | YES                 | NO |
| Have you ever been convicted of a crime or had adjudication withheld?   | YES              | NO | YES                 | NO |
| Do you have any outstanding judgements against you?                     | YES              | NO | YES                 | NO |
| Have you filed bankruptcy in the last 7 years?                          | YES              | NO | YES                 | NO |

If yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 **EMERGENCY CONTACT** \_\_\_\_\_ Phone # \_\_\_\_\_

 **AUTHORIZATION OF RELEASE OF INFORMATION:** Applicant(s) represent(s) that all of the information and statements contained herein are true and complete. Applicant(s) further authorizes any investigative report, including without limitation: residential history (rental or mortgage), employment history, criminal history, court records and credit reports requested by Lockhart & Associates, Inc., or related entities. Any named reference herein is hereby authorized to release any such requested information or records.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Co-Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date