

Property Address _____ Rent \$ _____
 City, State, Zip _____ Deposit \$ _____

An application is required of ALL adult occupants (18 years of age and older)

APPLICANT _____ Soc Sec # _____ - _____ - _____
FULL NAME first middle last

Date of Birth ____/____/____ Email Address _____ **ATTACH COPY Driver's Lic / Photo ID**

Home Ph# (____) _____ - _____ Applicant Cell Ph# (____) _____ - _____ Co-Applicant Cell Ph# (____) _____ - _____

CO-APPLICANT _____ Soc Sec # _____ - _____ - _____
FULL NAME first middle last

Date of Birth ____/____/____ Email Address _____ **ATTACH COPY Driver's Lic / Photo ID**

Present Address: _____, City _____, St _____, Zip _____

Current Landlord / Mortgage Holder _____ Phone # _____

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

Previous Address: _____, City _____, St _____, Zip _____

Previous Landlord / Mortgage Holder _____ Phone # _____

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

| WHO WILL BE LIVING HERE? | Relationship | Age |
|---------------------------------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Any Pets? _____ If yes, what breed, age, weight? _____

| 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: _____



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

RENTAL APPLICATION

APPLICANT EMPLOYED BY _____ City, State _____

Position _____ How Long? _____ Phone # _____

Gross Income \$ _____ per _____ Supervisor Name _____

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 _____

As applicable, PLEASE ATTACH COPIES of recent Pay stubs, W-2s, 1099s, Award Letters, Tax Returns, etc to verify income.

BANK ACCOUNTS, CREDITORS:

| | Bank Name | Average Balance | |
|--|---------------|---------------------|-----------------|
| Do you have a . . . checking account? savings account? money market account? | _____ | \$ _____ | |
| | _____ | \$ _____ | |
| | _____ | \$ _____ | |
| | Creditor Name | Approximate Balance | Monthly Payment |
| Do you have any . . . credit cards? auto loans? student loans? personal loans? other? | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |

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 its related entities. Any named reference herein is hereby authorized to release any such requested information or records.

Applicant Date

Co-Applicant Date