



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

RENTAL APPLICATION

Page 1

NON-REFUNDABLE
\$50 Application Fee
applies to EACH adult applicant AND EACH adult Occupant

Property Address _____ Rent \$ _____

City, State, Zip _____ Deposit \$ _____

👉 APPLICANT _____ Soc Sec # _____ - _____ - _____
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 # _____ - _____ - _____
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? _____

👉 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 _____

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

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Page 2

OTHER INCOME YOU WISH TO BE CONSIDERED:

\$ _____ per _____ from _____

\$ _____ per _____ from _____

BANK ACCOUNTS, CREDITORS:

Do you have a . . .
checking account?
savings account?
money market account?

Bank Name	Average Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____

Do you have any . . .
credit cards?
auto loans?
student loans?
personal loans?

Creditor Name	Approximate Balance	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

DECLARATIONS:

Have you ever had an eviction filed or left owing money to a Landlord ?
Have you ever been convicted of a crime or had adjudication withheld?
Do you have any outstanding judgements against you?
Have you filed bankruptcy in the last 7 years?

<u>Applicant</u>		<u>Co-Applicant</u>	
YES	NO	YES	NO
YES	NO	YES	NO
YES	NO	YES	NO
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 its related entities. Any named reference herein is hereby authorized to release any such requested information or records.

Applicant Date

Co-Applicant Date