

RENTAL APPLICATION

Lessor-Judy & Robert Brownell

850-346-1855 or 346-1912 tigerpointhome@yahoo.com

There is a \$30 non-refundable application fee to process a credit verification for each applicant.

Date: _____ Property: 1145 Willowood Circle, Gulf Breeze, Fl.

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION

Full Name:

Date of Birth: _____ Social Security #: _____

Driver's license - State: _____ # _____

Current Phone #: _____ Email Address: _____

Spouse's Full Name:

Date of Birth: _____ Social Security #: _____

Driver's license - State: _____ # _____

Learned of this property from:

No. of occupants: Adults: _____ Children: _____ Pets: _____ Type of pets: _____

OTHER OCCUPANTS- NAME, AGE, RELATIONSHIP

1. _____

2. _____

3. _____

In case of an emergency

notify: _____ Phone: _____

RESIDENCE HISTORY – PAST THREE YEARS

Present Address: _____ City _____ State _____ Zip _____

How long at present address: _____ Home Phone #: (____) _____

Landlord's Name: _____ Phone No. (____) _____

Reason for moving: _____

Previous address: _____ City _____ State _____ Zip _____

How long at this address _____ Reason for moving _____

Landlord's name _____ Phone # _____

Reason for moving: _____

Previous address: _____ City _____ STATE _____ ZIP _____

How long at previous address: _____

Landlord's Name: _____ Phone No: _____
() _____

Reason for moving: _____

LOCAL REFERENCES

Name: _____ Phone: _____ Company: _____

Name: _____ Phone: _____ Company: _____

EMPLOYMENT HISTORY – PAST THREE YEARS

APPLICANT

1. Employer: _____ Business Phone: () _____
Address: _____ State _____
Position/Rank: _____ How long: _____
Supervisor: _____ Monthly Income: _____

2. Employer: _____ Business Phone: () _____
Address: _____ State _____
Position/Rank: _____ How long: _____
Supervisor: _____ Monthly Income: _____

SPOUSE

1. Employer: _____ Business Phone: () _____
Address: _____ State _____
Position/Rank: _____ How long: _____
Supervisor: _____ Monthly Income: _____

2. Employer: _____ Business Phone: () _____
Address: _____ State _____
Position/Rank: _____ How long: _____
Supervisor: _____ Monthly Income: _____

TRANSPORTATION

Vehicle Model: _____ Year: _____
License No.: _____ State: _____
Vehicle Model: _____ Year: _____
License No.: _____ State: _____

Do you have any recreational vehicles: camper, boat, motorcycle, etc.?
If yes, please specify: _____

PLEASE NOTE THAT PER HOA RULES & REGULATIONS, ALL VEHICLES MUST BE KEPT IN GARAGE AND GARAGE DOOR MUST BE ABLE TO CLOSE. ONLY TEMPORARY PARKING ALLOWED ON STREET OR IN DRIVEWAY.

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PET POLICY: SMALL PETS (NOT TO EXCEED TWO) ARE ALLOWED. SEE APPLICATION FOR DETAILS ON PET DEPOSIT. CHECK WITH LANDLORD IF YOU HAVE QUESTIONS IN REGARDS TO YOUR PET/PETS.

SMOKING POLICY: NO SMOKING IN HOUSE OR LANAI AREA.

I DECLARE THAT THE FOREGOING INFORMATION IS TO BE TRUE AND CORRECT. I AUTHORIZE THE VERIFICATION AND THE OBTAINING OF A CONSUMER CREDIT REPORT. I ALSO AGREE THAT THE LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO BASED ON ANY MISSTATEMENT MADE ABOVE.

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS.