



**RENTAL APPLICATION**

Town Center Building | 1071 Port Malabar Blvd. NE, Ste. 202 | Palm Bay, FL 32905  
(321) 768-9561 | Fax: (321) 768-6437

**Notice: Co-Applicant must complete a separate Rental Application Form**

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_  
beginning on \_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

**PLEASE TELL US ABOUT YOURSELF**

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Driver's Lic. No. & State \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Spouse \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's Lic. No. & State \_\_\_\_\_  
Names of All Other Occupants \_\_\_\_\_ Total Number of Occupants \_\_\_\_\_  
How many Pets? \_\_\_\_\_ Kind of Pet, Breed, Weight and Age \_\_\_\_\_

**PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)**

**CURRENT ADDRESS**

Month & Year Moved in \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**PREVIOUS ADDRESS (If within 3 years)**

Month & Year Moved in \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**PREVIOUS ADDRESS (If within 3 years)**

Month & Year Moved in \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Owner or Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**PLEASE GIVE US YOUR EMPLOYMENT INFORMATION**

YOUR STATUS:  Employed Full-Time  Employed Part-Time  Student  Retired  Not Employed

**CURRENT EMPLOYER (Or Most Recent)** \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your Gross Monthly Salary \$ \_\_\_\_\_ Household Gross Monthly Income \$ \_\_\_\_\_

**PREVIOUS EMPLOYER (Or Most Recent)** \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, Etc.) who we could contact for conformation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in the application.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone: \_\_\_\_\_

**TOTAL NUMBER OF VEHICLES (Including Company Vehicles)**

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./Sate \_\_\_\_\_  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./Sate \_\_\_\_\_  
Other Car, Motorcycle, etc. \_\_\_\_\_

CONTINUED OVER

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No

Been evicted or asked to move out?  Yes  No

Broken a Rental Agreement or Lease?  Yes  No

Been sued for damage to rental property  Yes  No

Declared Bankruptcy  Yes  No

Please give any additional information that might help management evaluate your application: \_\_\_\_\_

How did you hear about our property?

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone: \_\_\_\_\_ Night Phone \_\_\_\_\_

IN CASE OF PERSONAL EMERGENCY, NOTIFY: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT. The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

NONREFUNDABLE PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

I hereby deposit \$ \_\_\_\_\_ as earnest money. I agree to execute a lease for \_\_\_\_\_ months before possession is given. Upon All Florida Properties, Inc. acceptance of this earnest money, I understand that this earnest money deposit will be forfeited as liquidated damages if I fail to execute the lease and pay the remaining balance due.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW**

Reference Verification Name	Reference Comments

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS APPLICATION**  **APPROVED**  **NOT APPROVED**

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_

Notified by:  LETTER (Attach Copy)  TELEPHONE  FAX  IN PERSON