



Property Manager _____
Proposed Rent \$ _____

4615 Central Ave., St. Petersburg, FL 33713 Phone (727) 321-6646 ~ Fax (727) 327-1662

Release of Information and Authorization for Verification of Application

Name(1) _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First Mi Jr. Sr. Prior/Maiden

Name(2) _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First Mi Jr. Sr. Prior/Maiden

Applicant (1): Present Address _____
Street Apt.# City ST Zip

Applicant (2): Present Address _____
Street Apt.# City ST Zip

Please provide a previous address if you have lived at your current address for less than 24 months

Applicant (1): Previous Address _____
Street Apt.# City ST Zip

Applicant (2): Previous Address _____
Street Apt.# City ST Zip

Have you ever had an eviction filed against you?

Applicant(1): Yes _____ No _____.

Applicant(2): Yes _____ No _____.

Have you ever left owing money to any owner or landlord?

Applicant(1): Yes _____ No _____.

Applicant(2): Yes _____ No _____.

Have you ever applied for residency anywhere in the past 2 years, but did not move in?

Applicant(1): Yes _____ No _____.

Applicant(2): Yes _____ No _____.

Have you ever had adjudication withheld or been convicted of a crime?

Applicant(1): Yes _____ No _____.

Applicant(2): Yes _____ No _____.

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON PAGE 3 OF THIS APPLICATION.

Applicant(s) represent that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release Resident Data and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Signature Applicant (1)

Date

Signature Applicant (2)

Date

Do not leave any blank spaces. Please use black ink

Applicant(1) _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First Mi Jr. Sr. Prior/Maiden

Drivers License#(1) _____ ST _____ Marital Status _____

Applicant(2) _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First Mi Jr. Sr. Prior/Maiden

Drivers License#(2) _____ ST _____ Marital Status _____

Children Occupying:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Address Applying For: _____

How did you hear about us? Website _____ St. Petersburg Times HUD
 Referral _____ Sign Other

Why did you decide to apply to rent here? _____ Desired Date to Move In ____/____/____

Applicant(1)

Phone: (____) _____ Email Address: _____

Present Address: _____
Street Apt.# City ST Zip

Present Landlord/
Mortgage Holder _____ Phone: (____) _____

Length of Residence: ____/____ To ____/____ Rent/Mortgage: \$ _____
Mo Yr Mo Yr

Previous Address: _____
Street Apt.# City ST Zip

Previous Landlord/
Mortgage Holder _____ Phone: (____) _____

Length of Residence: ____/____ To ____/____ Rent/Mortgage: \$ _____
Mo Yr Mo Yr

Present Employer _____ City/St _____ / _____ Phone (____) _____

Position _____ Dates Employed ____/____ To ____/____ Income \$ ____/____ Mgr. _____
Mo Yr Mo Yr

Previous Employer _____ City/St _____ / _____ Phone (____) _____

Position _____ Dates Employed ____/____ To ____/____ Income \$ ____/____ Mgr. _____
Mo Yr Mo Yr

Additional Income: \$ _____ Source: _____

Applicant(2)

Phone: (____) _____ Email Address: _____

Present Address: _____
Street Apt.# City ST ZipPresent Landlord/
Mortgage Holder _____ Phone: (____) _____Length of Residence: ____ / ____ To ____ / ____ Rent/Mortgage: \$ _____
Mo Yr Mo Yr**Previous Address:** _____
Street Apt.# City ST ZipPrevious Landlord/
Mortgage Holder _____ Phone: (____) _____Length of Residence: ____ / ____ To ____ / ____ Rent/Mortgage: \$ _____
Mo Yr Mo YrPresent
Employer _____ City/St _____ / _____ Phone (____) _____Position _____ Dates Employed ____ / ____ To ____ / ____ Income \$ ____ / ____ Mgr. _____
Mo Yr Mo YrPrevious
Employer _____ City/St _____ / _____ Phone (____) _____Position _____ Dates Employed ____ / ____ To ____ / ____ Income \$ ____ / ____ Mgr. _____
Mo Yr Mo Yr

Additional Income: \$ _____ Source: _____

Vehicle Information:Vehicle(1) _____
Year Make Model Tag No. St.Vehicle(2) _____
Year Make Model Tag No. St.

Emergency Contact Info:

Name Relation Phone 1 Phone 2

Name Relation Phone 1 Phone 2

AUTHORIZATION OF RELEASE OF INFORMATION Applicant(s) represents that all of the above information and statement on the application for rental are true and complete and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history, court records, and credit records. This application must be signed before it can be processed by management **Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.** NON-REFUNDABLE APPLICATION FEE – Applicant(s) agree to pay \$ **35.00 (Individual) / \$50.00 (Couple)** for a non-refundable application processing fee.

SECURITY DEPOSIT AGREEMENT – Applicant(s) will pay a "Security Deposit" of \$ _____ upon approval of this application. Once the Security Deposit is collected the rental dwelling will be taken off the market. If the approved applicant(s) fails to enter into the contemplated lease or fails to move in on the agreed upon date, the Security Deposit will be retained by owner as liquidated damages. The Security Deposit will only be refunded if the applicant(s) cancels the agreed upon contemplated lease or move in date with written notice within **72** hours. Refunds will be sent via mail within 30 days of cancellation. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

Applicant(1) Signature _____ Date ____ / ____ / ____ Applicant(2) Signature _____ Date ____ / ____ / ____

