

DAVIS-CLARKE, INC. REALTORS
PROPERTY MANAGEMENT
5946 Missouri Avenue
New Port Richey, FL 34652
727-848-5801 727-848-3308 (fax)

This application is subject to acceptance by owner and execution of a lease or rental agreement and is offered without respect to race, color, creed, sex, handicap, familial status or national origin.

RENTAL APPLICATION

FIRST APPLICANT:

NAME: FIRST _____ MI _____ LAST _____ MAIDEN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CELL () _____ E-MAIL _____

DOB _____ SSN _____ DRIVER'S LIC # _____ STATE _____

EMPLOYER/SOURCE OF INCOME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CONTACT PERSON _____

POSITION _____ HOW LONG? _____ WEEKLY/MONTHLY \$ _____

ADDITIONAL INCOME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CONTACT PERSON _____

POSITION _____ HOW LONG? _____ WEEKLY/MONTHLY \$ _____

If employed less than one year, give previous employer: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CONTACT PERSON _____

POSITION _____ HOW LONG? _____ WEEKLY/MONTHLY \$ _____

If income is received by automatic deposit, proof of deposit will be required.

RENTAL HISTORY:

CURRENT COMMUNITY/LANDLORD _____

PHONE () _____ HOW LONG? _____ CURRENT RENT \$ _____

If out of state, give ADDRESS _____

Fill out if your current address is for less than 24 months. PREVIOUS ADDRESS _____
_____ CITY _____ STATE _____ ZIP _____

COMMUNITY/LANDLORD _____

PHONE () _____ HOW LONG? _____ AMOUNT OF RENT \$ _____

If out of state, give address: _____

LIST TWO PERSONAL REFERENCES:

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ANSWER: Y – Yes N – No

BANKRUPTCY: Applicant _____ Spouse _____
Has it been discharged and when? Applicant _____

Have you ever had an eviction filed against you? When? OR ever had a home foreclosure? When?
Applicant: _____ Spouse: _____ Applicant: _____ Spouse: _____

Have you ever left owing money to any owner or landlord?
Applicant: _____ Spouse: _____

Have you applied for residency anywhere in the past 2 (two) years, but did not move in?
Applicant: _____ Spouse: _____

Have you ever had adjudication withheld or been convicted of a crime?
Applicant: _____ Spouse: _____

Have you ever been convicted of a felony?
Applicant: _____ Spouse: _____

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

Applicant(s) represents 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 ASAP 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.

FINANCIAL INFORMATION:

NAME OF BANK _____ CHECKING () SAVINGS ()
Address/Branch: _____ PHONE () _____

ADDITIONAL INFORMATION: _____

PETS: NO () YES () – BREED/TYPE _____ WEIGHT _____
BREED/TYPE _____ WEIGHT _____

ADD'L OCCUPANTS/AGES: _____

VEHICLES:

YEAR _____ MAKE _____ MODEL _____ TAG # _____
YEAR _____ MAKE _____ MODEL _____ TAG # _____

EMERGENCY:

NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE () _____
CITY _____ STATE _____ ZIP _____

A FORTY (\$40) DOLLAR NON-REFUNDABLE FEE PAYABLE AT TIME OF APPLICATION IS CHARGED FOR THE CREDIT REPORT. THERE WILL BE A CHARGE OF TWENTY (\$20) DOLLARS FOR AN ADDITIONAL APPLICANT.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF APPLICANT _____ **DATE** _____

ADDITIONAL APPLICANT:

NAME: FIRST _____ MI _____ LAST _____ MAIDEN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CELL () _____ E-MAIL _____

DOB _____ SSN _____ DRIVER'S LIC # _____ STATE _____

EMPLOYER/SOURCE OF INCOME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CONTACT PERSON _____

POSITION _____ HOW LONG? _____ WEEKLY/MONTHLY \$ _____

ADDITIONAL INCOME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CONTACT PERSON _____

POSITION _____ HOW LONG? _____ WEEKLY/MONTHLY \$ _____

If employed less than one year, give previous employer: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CONTACT PERSON _____

POSITION _____ HOW LONG? _____ WEEKLY/MONTHLY \$ _____

If income is received by automatic deposit, proof of deposit will be required.

RENTAL HISTORY:

This part does not need to be filled out if all applicants have the same rental history for the past 4 years.

CURRENT COMMUNITY/LANDLORD _____

PHONE () _____ HOW LONG? _____ CURRENT RENT \$ _____

If out of state, give ADDRESS _____

Fill out if current address is for less than 24 months. PREVIOUS ADDRESS _____
CITY _____ STATE _____ ZIP _____

COMMUNITY/LANDLORD _____

PHONE () _____ HOW LONG? _____ AMOUNT OF RENT \$ _____

If out of state, give address: _____

LIST TWO PERSONAL REFERENCES (if different from first applicant):

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____