HOME & CONDO RENTALS AND PROPERTY MANAGEMENT ,INC.

704 W. Venice Ave., Venice, Fl. 34285 **APPLICATION TO RENT** *941-484-0670*

[Personal Information]

________________________ ____________________ ________-______-_________ _____-______-______
Last Name First Name Social Sec. No. Date of Birth

________________________ ____________________ ________-______-_________ _____-______-______
Spouse/Unmarried Co-Applicant First Name Social Sec. No. Date of Birth

________________________ ________ ____ ________
Applicant s Drivers License # State Spouse/Unmarried Co-Applicant Drivers License # State

[______]________________________________ [_____]_________________________ [_______]______________________
Day Phone number Night Phone Number Cell Phone

______________________________ __________________ ______ ________ ________________________@_____
Present Address City St. Zip E-Mail Address

____ [______]____________________ Rental/Mortgage Amt.__________
Current Landlord/Owner Phone #

Rented/owned from________to____________ 30 day notice given? Yes_____ No_____Reason for Leaving____________________

Have you ever declared ***bankruptcy?*** _____Y______N Have you ever ***refused*** to pay rent? ______Y______N
Have you ever been ***arrested for or convicted of a felony***? _____Y______N Are you a U.S. Citizen? ______Y______N
Do you have a legal right to be in the United States? _____Y______N
Do you have valid Documents from the Bureau of Citizenship & Immigration Services? ______Y______N

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Have you ever had an eviction filed against you? ______Y______N Spouse: _____Y________N
Have you ever left owing money to any owner/landlord? ______Y______N Spouse: _____Y________N
Have you applied for residency anywhere in the past 2 years, but did not move in? ______Y______N Spouse _____Y________N
Have you ever had adjudication withheld or been convinced of a crime? ______Y______**N** Spouse _____Y____ ___N

[Employment History]

____________________________________ __________________________ [________]____________________________
Applicant Current Employer Supervisor Phone #
__________ FT_______ PT______ Salary_________
Applicant - How Long

____________________________________ __________________________ [________]____________________________
Spouse Employer Supervisor Phone #
_________ FT_________PT_______ Salary_________
Spouse How Long

Do you have a pet/pets?______Y______N How Many?_______Type_____________Breed______________Weight_____________

[IF YOU HAVE A PET, A NON-REFUNDABLE FEE WILL APPLY]

Are there any smokers?______Y______N_______ ***[SMOKING IS NOT ALLOWED INSIDE ANY PROPERTY]***
How many vehicles?_________Make______________________Model____________Year______Tag #________________
_________Make______________________Model____________ Year______Tag#________________
Any Motorcycles__________Any Mopeds________________
Any **Pickup Trucks**_______________________Any Commercial Vehicles___________________Any Boats_____________________
Number of Occupants____Name___________Age___ Name___________Age___Name__________Age___Name____________Age___

Property applied for:___________________________________Beginning Rental Date_____________Term__________________

Please Provide a pervious address if you have lived at your current address for less than 24 months.

Previous Address_________________________________Apt. #________City_______________________St._________Zip_______

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON A SEPARATE PAPER.

Applicants represents that all of the above statements information on the application for rental are true and complete, and hereby authorize 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, andr/or forfeiture of fees or deposits and may constitutes 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,

________________________________ ____________ ____ _____________
Signature of Applicant. **Date** **Signature of Applicant** **Date**