The undersigned hereby makes an app	lication to rent the	property located at:		
65 PALMETTO AVE # MER	MERRITT ISLAND, FL 32953. Anticipated move date of			at a
monthly rent of \$	and security deposit of \$			
PLEASE TELL US ABOUT YOURSEL	F			
Applicant #1 Full Name				
Home Phone ()	····	Date of Birth		· · · · · · · · · · · · · · · · · · ·
Social Security #				
Email Address:				(required)
Other Phone ()				
Applicant #2 Full Name				
Home Phone ()		Date of Birth		· · · · · · · · · · · · · · · · · · ·
Social Security #				
Email Address:				(required)
Other Phone ()				
Dependents (Name & Age)				
1)		2)		· · · · · · · · · · · · · · · · · · ·
3)		4)		
List All Pets (Breed/Species, Weight, A	ge)			
Driver's License:				
Applicant #1 Driver's License Number_			State	
Applicant #2 Driver's License Number_	 		State	· · · · · · · · · · · · · · · · · · ·
Vehicle Information:				
Make / Model	Year	Tag #	State	
Make / Model	Year	Tag #	State	

PLEASE GIVE RESIDENTIAL HISTORY (LAST 2 YEARS)	
Current Address	
City	StateZip
Month/Year Moved In Reasons for L	_eaving
Rent \$Owner/Agent	Phone ()
Previous Address (if current less than 2 years)	
Rent \$Owner/Agent	Phone ()
PLEASE DESCRIBE YOUR CREDIT HISTORY	
Have you declared bankruptcy in the past seven (7) years?	Yes No
Have you ever been evicted from a rental residence?	Yes No
Have you had two or more late rental payments in the past year	YesNo
Have you ever willfully/intentionally refused to pay rent when du	
PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION Applicant #1 Your Status:Full TimePart TimeStude Employer	
Dates employedPo	osition
Supervisor Name	Phone ()
Income \$ per	
(If employed by above less than 12 months, give name & phone	e of previous employer)
Applicant #2 Your Status:Full TimePart TimeStude	entUnemployed
Employer	
Dates employed Po	osition
Supervisor Name	Phone ()
Income \$ per	
(If employed by above less than 12 months, give name & phone	e of previous employer

PLEASE LIST YOUR CREDIT REFI	ERENCES	
Name	Type of Account	_
Name	Type of Account	_
Name	Type of Account	_
ADDITIONAL INFORMATION:		
Please give any additional informatio	on that might help owner/management evaluate this app	lication?
Where may we reach you to discuss	this application?	
I hereby apply to lease the above de agree that the rental is to be payable property and to the agent to accept t	Night Phone # () Night Phone # () Scribed premises for the term and upon the set conditions the first day of each month in advance. As an inducement his application, I warrant that all statements above set for FORMATION WILL CONSTITUE GROUNDS FOR REJECTION OF THE PROPERTY OF THE PROPERT	ns above set forth and ent to the owner of the orth are true. ANY
non-refundable payment for the rent information herein provided. A sepa	nount of \$35-45/applicant directly to Smart Move or App al application which includes a credit check and verificat rate email address MUST be provided with the applic a credit history portion of this rental application.	ion of any and/or all the
and to pay the security deposit prior my application, and investigative cor personal interviews with others with	agree to execute a lease for months befor to the move in date. I recognize that as a part of your prosumer report may be prepared whereby information is constant and be acquainted. This inquiry includes information in the characteristics and mode of living.	ocedure for processing obtained through
The above information, to the best of	f my knowledge, is true and correct.	
Please sign: XName of Appli	cant #1	Date
Please sign: XName of Appli	cant #2	Date
ivame of Appli	Calli #/	uale

AUTHORIZATION Release of Information

I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting a housing unit with this owner/manager.

Applicant #1 Name (plea	se print)	_	
X			
Signature		Date	
		_	
Applicant #2 Name (plea	se print)		
X		Data	
Signature		Date	
APPLICANT: PLEASE	DO NOT WRITE BELOW (FO	R OFFICE USE ONLY)	
This section to be comple	eted by interviewer		
Credit Report: (Favorable	e/Unfavorable)		
Other Comments:			
Deposit:	Option:	Monthly rent	
Term of Lease:	Move in date:	Lease Ex	xpires:
Number of keys	Other Items Included: _		
Total number of Occupar	nts	Pet Deposit (if any)	# of Pets
Utilities to be paid by Ter	nants: (GAS) (ELECTI	RIC) (WATER)	
Trash pick up (If applicab	le)		