



## APPLICATION FOR RESIDENCY

(Please fill out completely)

### TO APPLY, THE FOLLOWING IS REQUIRED:

1. ALL APPLICANTS OVER 18 YEARS OF AGE MUST COMPLETE A SEPARATE APPLICATION
2. NO APPLICATION WILL BE PROCESSED WITHOUT A PROCESSING FEE
3. Photo Identification (driver's license, military ID or state ID) is required.
4. All intended applicants must apply
5. Proof of income and past landlord written verifications may be required.
6. You must disclose ALL pets, vehicles of any nature and water filled furniture.

### YOU ARE HEREBY NOTIFIED OF THE FOLLOWING PROCEDURES & POLICIES:

1. The processing fee is non-refundable
2. Pets must be approved by lessor
3. If you have water filled furniture, you must provide the lessor with proof of insurance.F.S.83.535
4. Properties will not be held without approval from landlord. If approved, a holding deposit must be paid within one (1) business day in order to hold the property and refuse other applicants. If the applicant defaults on renting the property AFTER APPROVAL, the holding deposit will be forfeit.
5. If approved, all monies owed must be paid in full with certified funds(cashiers check or money order) PRIOR TO RENTING

APPLICANT: \_\_\_\_\_ DL# \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MONTHLY INCOME: \_\_\_\_\_ DATE EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

Additional Monthly Income: \_\_\_\_\_

Please explain: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vehicle information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_ License plate # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_ License plate # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_ License plate # \_\_\_\_\_

Do you own any RV, boats, trailers or motorcycles?

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_ License plate # \_\_\_\_\_

I, THE UNDERSIGNED APPLICANT, affirm the information contained in this three (3) page application is true and correct and authorize Florida Tenant Reporting Services, Inc. and Christiano Realty to verify all information contained in this application including obtaining a credit report. Misstatements, either false or incorrect, can be deemed reason for denial of occupancy. I understand that due to the Fair Credit Reporting Act that I will not be furnished a copy of my credit report from Equifax if my application is denied for credit reasons. I also understand that this application is the property of Christiano Realty.

**Additional comments:**

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**Applicant's Signature:** \_\_\_\_\_

**Property Desired:** \_\_\_\_\_

**REFERENCES:** (Please provide (3) three, no relatives please)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have children? \_\_\_\_\_ Names & Ages: \_\_\_\_\_

Do you have pets? \_\_\_\_\_ Names & breed: \_\_\_\_\_

Do you have water filled furniture? \_\_\_\_\_

Are you renting now? \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Why are you moving? \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Was notice given? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_

Have you ever been in litigation with a landlord? \_\_\_\_\_

How did you hear about this property? \_\_\_\_\_

When would you like to move in? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever filed or are you filing for bankruptcy? \_\_\_\_\_