




- **This form must be filled out completely and all information must be legible. (Please print)**
- **Each person over the age of 18 who will be living in the apartment must fill out a separate application.**
- If any of the information provided in this application is false or misleading, the entire application is void and the rental will be denied.
- **Proper identification must be provided. (drivers license or state ID card)** If application is mailed or faxed, a photocopy is acceptable.
- **APPLICATION FEE:** Upon return of the completed application, a non-refundable fee of **\$20.00 (per person)** will be paid which covers the cost of processing the application and credit check. The application fee is **NOT REFUNDABLE, even if the application is withdrawn or rejected.**
- **If any information is false, misleading, or incomplete, you will be rejected.**
- Additional forms and information available are at our web site **souzaandsons.com**

Apartment applied for _____ Rent \$ _____ Security \$ _____

When do you need to move in by? _____ Is this date flexible? _____

HOW MANY PEOPLE WILL LIVE IN THE APARTMENT? _____ Please list their names & date of birth on the back.

Release: I hereby apply for the apartment listed above. With my signature below I authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me. A photocopy or fax of this shall be valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities of First Advantage Safe Rent, Tampa, FL 33631. Consumer Phone (800) 462-3033

APPLICANTS SIGNATURE  _____ **DATE** _____

NAME _____			AKA. _____		
FIRST	M.	LAST	Also known as		
SOCIAL SECURITY # _____ - _____ - _____			DATE OF BIRTH ____/____/____		
Home phone # _____		Work phone # _____		Cell # _____	
Email Address : _____					

RENTAL HISTORY: Please provide your rental history for five or more years. Use the back if necessary.

CURRENT ADDRESS: _____					
APT.	BUILDING ADDRESS	CITY	STATE	ZIP CODE	
LANDLORD'S NAME: _____			AND PHONE # _____		
CURRENT RENT: \$ _____		LENGTH OF STAY _____			
REASON FOR MOVING: _____					DO YOU SHARE THIS APT?
PREVIOUS ADDRESS: _____					
APT.	BUILDING ADDRESS	CITY	STATE	ZIP CODE	
LANDLORD'S NAME: _____			AND PHONE # _____		
RENT: \$ _____		LENGTH OF STAY _____			
REASON FOR MOVING: _____					DO YOU SHARE THIS APT?

SOURCE(S) OF INCOME / How do you intend to pay the rent/Where do you work?

SOURCE _____	PHONE # _____	ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
YOUR POSITION _____	CONTACT NAME _____	YEARS ON JOB _____			
INCOME _____	wk/mth/year	OTHER SOURCES OF INCOME _____			

HAVE YOU EVER BEEN ARRESTED?	YES _____	NO _____
HAVE YOU EVER FILED BANKRUPTCY?	YES _____	NO _____
HAVE YOU EVER BEEN ASKED TO VACATE A PROPERTY OR EVICTED ?.....	YES _____	NO _____
HAVE YOU EVER REFUSED TO PAY RENT WHEN DUE?	YES _____	NO _____
DO YOU KNOW OF ANYTHING WHICH MAY INTERRUPT YOUR INCOME?.....	YES _____	NO _____
HAVE YOU EVER CHANGED YOUR NAME?	YES _____	NO _____
DO YOU HAVE ANY UNPAID BILLS OR COLLECTIONS ON YOUR CREDIT ?.....	YES _____	NO _____
ARE YOU PRESENTLY, OR PLANNING TO ENROLLE IN ANY BRANCH OF THE US MILITARY?	YES _____	NO _____

***** → If you answered any of these questions "yes" please use the back to explain. >>>>>>>>**

IN THE EVENT OF AN EMERGENCY WHOM CAN WE CONTACT IF WE CANNOT REACH YOU?		
NAME: _____	PHONE: _____	RELATIONSHIP _____
NAME: _____	PHONE: _____	RELATIONSHIP _____

For office use only:
v 6-09

App fee paid _____

Date Received: