

RENTAL APPLICATION

Home Applying for: _____ Move In: ____/____/____

Applicant's Name: _____ SS# _____ - _____ - _____

Co-Applicant's Name: _____ SS# _____ - _____ - _____

Phone # (____) _____ (Optional) DOB Appl: ____/____/____ Co-Appl ____/____/____

Dr. Lic Appl. _____ State _____ Co-Appl _____ - _____ State _____

Dr. Lic Appl. _____ State _____ Co-Appl _____ - _____ State _____

Current Address _____ City _____ St _____ Zip _____

(If current address is less than 3 years)

Previous Address _____ City _____ St _____ Zip _____

Previous Landlord Information (Not Current Landlord):

Property Name or Property Management Co. _____

Landlord or Contact Name _____ Phone # (____) _____

Landlord Address _____ City _____ St _____ Zip _____

Monthly Rental Amount _____ Resided on premises From _____ To _____

Employment Information:

Employer/Company Name _____

Address _____ City _____ St _____ Zip _____

Supervisor's Name _____ Phone # (____) _____

Position _____ Salary \$ _____ Start Date/Length of Employment _____

Co-Applicant:

Employer/Company Name _____

Address _____ City _____ St _____ Zip _____

Supervisor's Name _____ Phone # (____) _____

Position _____ Salary \$ _____ Start Date/Length of Employment _____

I/We confirm that all the information supplied is true and correct. I/we understand that I/we can be turned down for the rental if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information by Connection realty, Inc. including my credit, rental, check writing and employment history including salary.

Applicant's Signature _____ DATE _____

Co-Applicant's Signature _____ DATE _____



\$50 Application fee per person to be paid to Connection Realty, Inc. Copies of Valid Driving Licensed required.

Return Application to : Connection Realty, Inc - 8297 champions gate blvd #200 – Champions Gate FL 33896

Tel: 1 888 969 2669 – Fax: 1 866 566 4226

connection.realty@yahoo.com