



Mary Ward Properties  
1825 Hurlburt Rd, Suite 8  
Ft. Walton Beach, FL 32547

(850) 226-8270 Office  
(850) 226-8322 Fax

**mwp.petscreening.com**

## RENTAL APPLICATION

**PLEASE NOTE THAT ALL PERSONS RESPONSIBLE FOR SIGNING RENT CHECKS MUST BE LISTED ON THIS APPLICATION.**

DATE: \_\_\_\_\_

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

WHEN WILL YOU NEED TO MOVE IN? \_\_\_\_\_

HOW LONG DO YOU PLAN TO RENT FROM US? \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

YOUR SSN \_\_\_\_\_ YOUR DRIVER'S LICENSE AND STATE \_\_\_\_\_ YOUR DATE OF BIRTH \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_

SPOUSE'S SSN \_\_\_\_\_ SPOUSE'S DRIVER'S LICENSE AND STATE \_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_\_

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

CITY: \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS? \_\_\_\_\_ LANDLORD'S NAME: \_\_\_\_\_

LANDLORD'S ADDRESS & PHONE: \_\_\_\_\_

REASON FOR MOVING? \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

ADDRESS PRIOR TO CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR PHONE #: \_\_\_\_\_ YOUR BUSINESS PHONE #: \_\_\_\_\_

SPOUSE'S PHONE #: \_\_\_\_\_ SPOUSE'S BUSINESS PHONE #: \_\_\_\_\_

YOUR E-MAIL ADDRESS: \_\_\_\_\_ SPOUSE'S E-MAIL ADDRESS: \_\_\_\_\_

LIST ALL PEOPLE WHO WILL BE LIVING WITH YOU:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____

TYPE OF VEHICLES YOU WILL KEEP AT THIS ADDRESS:

<u>CAR MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>COLOR</u>	<u>LICENSE # &amp; STATE</u>
_____	_____	_____	_____	_____

YOUR JOB: \_\_\_\_\_ YOUR EMPLOYER: \_\_\_\_\_

RANK/GRADE IF MILITARY: \_\_\_\_\_ CURRENT GROSS MONTHLY SALARY: \_\_\_\_\_

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

NAME OF SUPERVISOR & PHONE #: \_\_\_\_\_

SPOUSE'S EMPLOYER AND PHONE #: \_\_\_\_\_

IF SELF EMPLOYED, DOING BUSINESS AS \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

WHAT IS THEIR RELATIONSHIP TO YOU? \_\_\_\_\_

YOUR NEAREST RELATIVE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

THEIR CELL PHONE & E-MAIL: \_\_\_\_\_

SPOUSE'S NEAREST RELATIVE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

THEIR CELL PHONE OR E-MAIL: \_\_\_\_\_

HAVE YOU EVER BEEN 3 DAYS LATE WITH A RENT PAYMENT? \_\_\_\_\_ IF YES, WHAT YEAR: \_\_\_\_\_

HAVE YOU EVER APPLIED TO RENT FROM MARY WARD PROPERTIES BEFORE? \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? \_\_\_\_\_ IF YES, YEAR: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED FROM ANY TENANCY? \_\_\_\_\_

HAVE YOU EVER WILLFULLY REFUSED TO PAY RENT WHEN DUE? \_\_\_\_\_

DO YOU OWN A VACUUM CLEANER? \_\_\_\_\_ A LAWN MOWER? \_\_\_\_\_

DO YOU HAVE A WATERBED? \_\_\_\_\_ IF YES, TENANT MUST SHOW PROOF OF FLOTATION INSURANCE

**PETS, BREED(S) AND NAME(S) PICTURE IS REQUIRED!!!!:** \_\_\_\_\_  
IF THEY WILL BE MOVING IN WITH YOU

**THIS WILL CERTIFY THAT ONLY THOSE PERSONS MENTIONED IN THIS APPLICATION WILL OCCUPY PREMISES. WE UNDERSTAND THAT IF WE ACQUIRE ADDITIONAL PETS, OR IF UNIT IS OCCUPIED BY ADDITIONAL PEOPLE, WE WILL BE VOLUNTARILY BREAKING THE LEASE.**

**I DECLARE THAT THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I ALSO AUTHORIZE ITS VERIFICATION AND AUTHORITY TO OBTAIN INFORMATION REGARDING MY FINANCIAL RESPONSIBILTY FROM A CREDIT REPORTING AGENCY. I WILL NOT HOLD FORMER LANDLORD LIABLE FOR PROVIDING SUCH INFORMATION. I AGREE THAT MARY WARD PROPERTIES MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE. I HAVE PAID A NON-REFUNDABLE FEE IN THE AMOUNT OF \$20.00 PAYABLE IN THE FORM OF CASH, MONEY ORDER OR LOCAL CASHIER'S CHECK TO MARY WARD PROPERTIES AS REIMBURSEMENT FOR ANY EXPENSES THAT MAY BE INCURRED IN VERIFYING THE INFORMATION. KEYS WILL BE FURNISHED ONLY AFTER LEASE AGREEMENT AND OTHER RENTAL DOCUMENTS HAVE BEEN PROPERLY EXECUTED BY ALL PARTIES AND AFTER APPLICABLE RENTAL AND SECURITIES DEPOSITS HAVE BEEN MADE.**

**THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE OWNER OR OWNER'S AGENT TO EXECUTE A LEASE OR DELIVER POSSESSION OF THE PROPOSED PREMISES.**

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
APPLICANT SIGNATURE



## Rental Verification

Date: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

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

The above-mentioned resident has applied to rent a property from us. In order to proceed with their Rental Application, we need you to confirm the following information. If you have any questions please call us at (850) 226-8270, or fax (850)226-8322. Thank you for cooperation in this matter.

### Mary Ward Properties

Name on Lease \_\_\_\_\_

Rental Amount \$ \_\_\_\_\_ #Late Payments \_\_\_\_\_ # NSF \_\_\_\_\_

Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_

Proper Notice Given (30 Day) \_\_\_\_\_ # of Authorized Roommates \_\_\_\_\_

Would you rent to them again? (If not please explain) \_\_\_\_\_

Were there any unauthorized roommates? \_\_\_\_\_ #of Pets \_\_\_\_\_

Any complaints? \_\_\_\_\_

Any Lease Violations Given? \_\_\_\_\_

Condition of Unit upon vacate \_\_\_\_\_

Did the Condition of the yard meet owner's approval? \_\_\_\_\_

Did the tenant break the Lease Agreement? \_\_\_\_\_

Did the tenant receive the total deposit back? \_\_\_\_\_

Additional Information you feel would be essential to know: \_\_\_\_\_

\_\_\_\_\_  
Signature of Verifier Title Date

I declare that the foregoing information to be true and correct. I also authorize its verification and authority to obtain information to Mary Ward Properties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date