



303 Duval Street
Ft. Walton Beach, FL 32547

850-226-8270 office
850-226-8322 fax

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 _____

ADDRESS PRIOR TO CURRENT ADDRESS: _____

CITY: _____ COUNTY _____ STATE: _____ ZIP: _____

HOW LONG AT CURRENT ADDRESS? _____ LANDLORD'S NAME: _____

LANDLORD'S PHONE: _____

REASON FOR MOVING? _____ MONTHLY RENT: _____

PRESENT HOME PHONE: _____ YOUR BUSINESS PHONE : _____

SPOUSE'S BUSINESS PHONE: _____ CELL PHONE(S): _____

E-MAIL ADDRESS(ES) _____

LIST ALL PEOPLE WHO WILL BE LIVING WITH YOU:

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

TYPE OF VEHICLES WILL YOU KEEP AT THIS ADDRESS:

<u>CAR MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>COLOR</u>	<u>LICENSE # & 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: _____
ADDRESS: _____
THEIR CELL PHONE OR 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): _____
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 RESPONSIBILITY 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.

APPLICANT SIGNATURE

APPLICANT SIGNATURE

*******Please note that our mailing address is P O Box 285, Shalimar, FL 32579*******