**PARK PLACE PORT RICHEY**
9310 Valley View Lane,
Port Richey FL, 34668
727-845-1112 phone
727-847-3798 fax
Leasing@ParkPlacePortRichey.com

**RENTAL APPLICATION**
DATE _____

BLDG/APT. # _____

MOVE-IN DATE _____

**READ CAREFULLY BEFORE COMPLETING APPLICATION.** Please complete this application with all pertinent information. Any omission or incorrect information might lead to delay or refusal of leasing an apartment. ROOMMATES MUST FILL OUT SEPERATE APPLICATION.

FULL NAME _____ SOCIAL SECURITY# _____
DATE OF BIRTH _____ DRIVERS LIC. NO. & STATE _____
SPOUSE _____ SOCIAL SECURITY # _____
DATE OF BIRTH _____ DRIVERS LIC. NO. & STATE _____

NAME, AGE RELATIONSHIP AND DATE OF BIRTH OF ANYONE ELSE WHO WILL BE OCCUPYING THIS APARTMENT _____
_____

How many pets? Kind of pet _____ Breed _____ Weight _____ Age _____ Name _____
_____ Kind of pet _____ Breed _____ Weight _____ Age _____ Name _____

**PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 2 YEARS (Beginning with the Most Current)**

CURRENT ADDRESS _____ From _____ To _____
CITY/STATE/ZIP _____ YOUR Phone Number _____
YOUR E-MAIL _____ SPOUSE Phone Number _____

REASON FOR LEAVING _____
OWNER/AGENT _____ PHONE _____

PREVIOUS ADDRESS (if within 2 years) _____ From _____ To _____
CITY/STATE/ZIP _____
REASON FOR LEAVING _____
OWNER/AGENT _____ PHONE _____

**PLEASE GIVE YOUR EMPLOYMENT HISTORY FOR THE PAST 2 YEARS (Pay Check Stubs May Be Required For Verification)**

YOUR STATUS: Employed Full Time ____ Employed Part Time ____ Student ____ Retired ____ Other _____
CURRENT EMPLOYER (Or most Recent) _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ SUPERVISOR _____
POSITION _____
DATES/FROM _____ TO _____ GROSS MONTHLY INCOME $_____

PREVIOUS EMPLOYER _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ SUPERVISOR _____
POSITION _____
DATES/ FROM _____ TO _____ GROSS MONTHLY INCOME $_____

SPOUSES EMPLOYER _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP _____ SUPERVISOR _____
POSITION _____
DATES/FROM _____ TO _____ GROSS MONTHLY INCOME $_____

If there is any other sources of income you would like us to consider, please list income, source and person who we could contact to confirm.
AMOUNT $ _____ PER _____ SOURCE _____ PHONE _____

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES**

BANK _____CITY/STATE - BRANCH _____PHONE _____
BANK _____CITY/STATE - BRANCH _____PHONE_____
CREDIT _____ CITY/STATE _____ TYPE OF ACCOUNT _____
CREDIT _____ CITY/STATE _____ TYPE OF ACCOUNT _____

**PERSONAL REFERENCES (Not Relatives)**

NAME _____
ADDRESS _____CITY/STATE _____
HOME PHONE _____ BUSINESS PHONE _____HOW LONG KNOWN_____
NAME _____
ADDRESS _____CITY/STATE _____
HOME PHONE _____ BUSINESS PHONE _____ HOW LONG KNOWN _____

TOTAL NUMBER OF VEHICLES (Including Company Cars) _____
MAKE/MODEL _____ YEAR _____ COLOR _____TAG NO/STATE _____
MAKE/MODEL _____ YEAR _____ COLOR _____TAG NO/STATE _____
Other Car, Boat, Motorcycle, ETC. _____

NEAREST RELATIVE
NAME _____
ADDRESS_____CITY/STATE _____
PHONE NUMBER _____ RELATIONSHIP _____

**HAVE YOU OR YOUR CO-APPLICANT EVER BEEN:**

| | **YES** | **NO** |
|---|---|---|
| **SUED FOR NON-PAYMENT OF RENT?** | _____ | _____ |
| **BROKEN A RENTAL AGREEMENT OR LEASE?** | _____ | _____ |
| **BEEN SUED FOR DAMAGES TO RENTAL PROPERTY?** | _____ | _____ |
| **DECLARED BANKRUPTCY?** | _____ | _____ |
| **CONVICTED OF A FELONY?** | _____ | _____ |

If Yes to any of these questions, please explain on reverse side.

Please give any additional information that might help management evaluate your application.

_____

This is to inform you that as part of our procedure for processing your application, an Investigative Consumers Report and Criminal Background Check may be prepared whereby information is obtained through personal interviews with your landlord, employer or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living.

**By signing this application, you are giving us permission to obtain a Credit Report from a CRA (Credit Reporting Agency) and a Criminal Background Check.**

***I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application. If I/We fail to sign the lease or pay agreed rental, security deposit or other required charges and fees shown in this rental application, the deposit accompanying this application, and any monies subsequently paid shall be forfeited to the Owner as fixed liquidated damages***.

Owner and/or Agent for the Owner reserves the right to reject this application and to refuse possession of the above mentioned accommodations. I/We have read the foregoing and certify the information is **TRUE AND CORRECT**, and that this application is submitted for the purpose of inducing approval of this application in my/our behalf.

I/We hereby acknowledge the Owner retains a **non-refundable fee of $50.00** to be used in the processing of this application.

**DATE:** _____ **SIGNATURE OF APPLICANT** _____

**DATE:** _____ **SIGNATURE OF APPLICANT** _____

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## RENTAL HISTORY VERIFICATION

**TO:_______________________________________DATE:______________________________________**

**ATTN:_____________________________________________________________________________**

**FAX:______________________________________PHONE NUMBER:___________________________**

**FROM: PARK PLACE PORT RICHEY, *LEASING CONSULTANT***

The Undersigned hereby authorizes the release of his/her history verification in connection with a Rental Application with PARK PLACE PORT RICHEY.

______________________________________ ____________________________________
Signature of applicant for release of information Print Name

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## TO BE FILLED OUT BY LANDLORD OR RENTAL AGENT:

DATE OF OCCUPANCY___________________________DATE____________________________________

HAS RESIDENT GIVEN PROPER NOTICE?__________ AMT. OF MONTHLY RENT___________________

DID RESIDENT PAY ON TIME?____________________ IF NO, HOW OFTEN LATE?__________________

DID RESIDENT HAVE ANY NSF`S__________________IF YES, HOW MANY?________________________

ANY PETS?______________HOW MANY?____________ WHAT TYPE OF PET________________________

ANY DISTURBANCES OR BREACHES IN THEIR FILE?__________________________________________

WOULD YOU RE-RENT TO THIS RESIDENT?___________________________________________________

I AUTHORIZE THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE TO THE BEST OF OUR RECORDS

_____________________________________________ ___________________________
**SIGNATURE OF PERSON PROVIDING INFORMATION** **DATE**

______________________________________ ___________________________
**PRINT NAME** **TITLE**