

# **RENTAL APPLICATION**

The undersigned hereby makes an application to rent the following property:

Address: 4301 Grace Street, Tampa FL 33607

Anticipated move-in date of \_\_\_\_\_ at a monthly rent of \$600.00 with a security deposit of \$300.00.

A none-refundable application fee of \$35.00 is required. (Cash or cashier check), upon submission. Please mail your application with a copy of your Drivers license and your application fee to Emil J Iyog, P.O. Box 1934 Lutz, FL 33548-1934 or FAX to 813-948-7917. Please complete this application to its entirety, any pertinent data missing may cause delays in the application approval process.

## **Applicant's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ DL#: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Spouse's/Co-Applicant's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ DL#: \_\_\_\_\_ SS#: \_\_\_\_\_

## **Additional Occupants Information:**

Number of Occupants: \_\_\_\_\_

1. Additional Occupant Information: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

## **1st Residence History/Current Residence Information:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

If you have any other questions please call me at (813) 948-7917 or email me at Emil@iyog.com



Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

**2nd Residence History Information:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Employment Information:**

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Income: \_\_\_\_\_ ( Per Hour / Monthly / Anually ) please circle one that applies

Sup: \_\_\_\_\_ Number: \_\_\_\_\_

**Bank Information:**

Checking: \_\_\_\_\_ Balance: \_\_\_\_\_

Savings: \_\_\_\_\_ Balance: \_\_\_\_\_

**Credit Reference Information:**

1. Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Balance: \_\_\_\_\_

2. Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Balance: \_\_\_\_\_

Have you declared bankruptcy in the past seven (7) years? Yes / No

Have you ever been evicted from a rental residence? Yes / No

Have you had two or more late payments in the past years? Yes / No

Have you ever willfully or intentionally refuse to pay rent when due? Yes / No

**Transportation Information:**

1. Make/Model: \_\_\_\_\_

Registered County: \_\_\_\_\_ Registered State: \_\_\_\_\_ License Plate: \_\_\_\_\_

Financed By: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Balance Due: \_\_\_\_\_

2. Make/Model: \_\_\_\_\_

Registered County: \_\_\_\_\_ Registered State: \_\_\_\_\_ License Plate: \_\_\_\_\_

Financed By: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Balance Due: \_\_\_\_\_

If you have any other questions please call me at (813) 948-7917 or email me at Emil@iyog.com



As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true: however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

The above information, to the best of my knowledge, is true and correct.

Signature: \_\_\_\_\_  
Applicant Date

**AUTHORIZATION  
Release of Information**

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner/manager.

Applicant's Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_  
Applicant Date

