

RENTAL APPLICATION

Premier Tropical Realty, LLC

1011 Clarellen Dr, Fort Myers, Florida 33919
239-850-0066 888-840-5386 fax

www.PTropical.com

A Non Refundable Application Fee of \$50.00 per adult

Application Date:		Desired Move In Date:				
		Desired Length Of Lease:				
Address of Rental Property:						
How Did You Find Out About Us? <input type="checkbox"/> Sign <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Phone Book <input type="checkbox"/> Premier Website						
Realtor (name): _____		Friend (name): _____				
PERSONAL INFORMATION						
Applicant's Full Name:						
Social Security Number:		Date of Birth:				
Driver License Number /State:		Expiration:				
Current Address:						
Reason For Moving?						
Contact Phone Numbers:		home:	work: cellular:			
E-Mail Address:						
Secondary Applicant's Full Name:						
Social Security Number:		Date of Birth:				
Driver License Number /State:		Expiration:				
Current Address:						
Reason For Moving?						
Contact Phone Numbers:		home:	work: cellular:			
E-Mail Address:						
ALL OTHER RESIDENTS						
Full Name of All Other Residents:		Age	Relationship to you:	Date of Birth:		
PETS (If approved)						
Pets - Name:		Type:	Breed:	Color:	Weight:	Age:
Pets - Name:		Type:	Breed:	Color:	Weight:	Age:
Pets - Name:		Type:	Breed:	Color:	Weight:	Age:
RESIDENT HISTORY						

Applicants' Initials: () () () ()

Present Address:				
Landlord/Owner Name: Or Mortgage Holder:			Telephone #	
Monthly Rental Amount:	Length of Tenancy:		Was 30 Day Notice Given: When?:	
Previous Address:				
Landlord/Owner Name: Or Mortgage Holder:			Telephone #	
Monthly Rental Amount:	Length of Tenancy:			
Reason for Leaving?				
Have you Ever Broken a Lease?: If So When?				
Have you Ever Refused to Pay Rent For Any Reason? If So When?				
Have you Ever Had An Eviction Filed Against You and Been Asked to Move Out? If So When?				
Do you have any Water Filled Furniture: If yes, Please Specify:				
VEHICLE INFORMATION				
Auto License Plate Number:	State:	Make:	Model:	Year:
Auto License Plate Number:	State:	Make:	Model:	Year:
Do you have any RV's, boats, trailers or motorcycles?				
Vehicle License Plate Number:	State:	Make:	Model:	Year:
Vehicle License Plate Number:	State:	Make:	Model:	Year:
EMPLOYMENT INFORMATION				
Applicant's Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime (less than 32 hours) <input type="checkbox"/> Student				
<input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Un-Employed Other _____				
Present Employer:		Date of Employment:		
Telephone Number:		Supervisors Name:		
Position:		Gross Wages:		
		Hour	Week	Month
Additional Employer (Secondary):		Date of Employment:		
Telephone Number:		Supervisors Name:		
Position:		Gross Wages:		
		Hour	Week	Month
Additional Income:				
Please list verifiable sources of income you would like considered. Applicant may be required to produce documentation or sign a release statement . Child support, Alimony, or separate maintenance need not be disclosed unless you desire this additional income to be considered for qualification.				
Additional Source:			Amount: \$	
How long have you been receiving income from this source?				
How long do you expect this income to continue?				
MISCELLANEOUS QUESTIONS:				

Applicants' Initials: () () () ()

Have you ever filed for Bankruptcy?	If yes When?
Have you ever been charged with a Felony? If yes please specify:	Have any other Occupants been charged with a Felony? If yes, please specify:

EMERGENCY INFORMATION

(1) Emergency Contact:		Relationship:	
Address:			
Telephone Number:	home:	work:	cellular:
(2) Emergency Contact:		Relationship:	
Address:			
Telephone Number:	home:	work:	cellular:

Please Sign (Primary)	Date
Print Name	

Please Sign (Secondary)	Date
Print Name	



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

Applicants' Initials: [] [] [] []