

AGENT: _____

OWNER APPROVAL/DATE: _____

STRINGER MANAGEMENT, INC.

Leasing and Property Management

6524 Superior Avenue, Sarasota, FL 34231 Office: (941) 922-4959 Fax: (941) 924-1359

E-MAIL: smirental@stringermanagement.com

RENTAL APPLICATION

PROPERTY ADDRESS: I hereby apply for rental of the property described as:

DATES OF LEASE _____
MONTHLY RENT _____

FIRST MONTH RENT _____
LAST MONTH RENT _____
SECURITY DEPOSIT _____
PET FEE N/R _____

OF OCCUPANTS: _____ RELATIONSHIPS: _____ AGES: _____

OF PETS: _____ TYPE AND BREED OF PETS: _____

I hereby enclose a deposit of \$ _____ which will be forfeited by me if this application is accepted by Landlord and I do not proceed with the leasing of aforementioned property. In the event this application is not acceptable to Landlord, my deposit will be returned subject to check clearance. A non-refundable application fee of \$75.00 MUST ACCOMPANY THIS APPLICATION.

APPLICANT'S SIGNATURE - DATE

CO-APPLICANT'S SIGNATURE - DATE

PERSONAL INFORMATION

TENANT NAME: _____ **SOCIAL SECURITY:** _____

DATE OF BIRTH: _____ **LICENSE # & STATE:** _____

PRESENT ADDRESS: _____ **CITY/ST:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

CURRENT LANDLORD/AGENT: _____ **PHONE #:** _____

CO-TENANT NAME; _____ **SOCIAL SECURITY:** _____

DATE OF BIRTH: _____ **LICENSE # & STATE:** _____

PRESENT ADDRESS: _____ **CITY/ST:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

CURRENT LANDLORD/AGENT: _____ **PHONE #:** _____

TENANT EMPLOYMENT INFORMATION

EMPLOYER: _____
POSITION HELD: _____
SELF-EMPLOYED – D/B/A: _____
BUSINESS ADDRESS: _____
BUSSINESS PHONE #: _____
TYPE OF BUSINESS: _____
NAME AND TITLE OF SUPERIOR: _____
HOW LONG? _____ MONTHLY GROSS INCOME _____

CO-TENANT’S EMPLOYMENT INFORMATION

EMPLOYER: _____
POSITION HELD: _____
SELF-EMPLOYED – D/B/A: _____
BUSINESS ADDRESS: _____
BUSSINESS PHONE #: _____
TYPE OF BUSINESS: _____
NAME AND TITLE OF SUPERIOR: _____
HOW LONG? _____ MONTHLY GROSS INCOME _____

PERSONAL REFERENCES

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____

TENANT NUMBER OF VEHICLES: _____ MAKE/MODEL _____
CO-TENANT NUMBER OF VEHICLES: _____ MAKE/MODEL _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ IF YES, WHEN? _____
HAVE YOU EVER BEEN SERVED WITH AN EVICTION NOTICE OR BEEN ASKED TO VACATE A PROPERTY? _____
HAVE YOU EVER WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? _____
IF YES, EXPLAIN: _____

I/WE THE UNDERSIGNED, UNDERSTAND THAT STRINGER MANAGEMENT, INC., IS THE LEASING AGENT AND REPRESENTATIVE FOR THE OWNER/LANDLORD. I/WE DECLARE THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND I/WE HEREBY AUTHORIZE STRINGER MANAGEMENT, INC., TO CONDUCT AN EMPLOYMENT AND CREDIT CHECK AND TO VERIFY OUR REFERENCES. I/WE AUTHORIZE STRINGER MANAGEMENT, INC., OR IT’S AGENTS TO INVESTIGATE MY/OUR BACKGROUND.

APPLICANT ACKNOWLEDGES RECEIPT OF TENANT COPY OF RECEIPT AND DISCLOSURE.

APPLICANT’S SIGNATURE - DATE

CO-APPLICANT’S SIGNATURE - DATE

TENANT COPY

APPLICANT _____ **CO-APPLICANT** _____

Hereby apply for rental of the property described as:

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MONTHLY RENT _____

FIRST MONTH RENT _____
LAST MONTH RENT _____
SECURITY DEPOSIT _____
PET FEE N/R _____

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DEPOSIT AMOUNT: _____ CASH: _____ CHECK #: _____ DATE: _____ AGENT: _____