



HORSE and CHAISE

Rentals and Property Management, Inc.

APPLICATION TO RENT

This application must be submitted with a \$40.00 non-refundable application fee.

Referring Associate: _____ Office: _____ Phone: _____

Property Address _____ Start Date _____

Please complete all the information including the above with the property address you are interested in.

NAME: _____ PHONE#: _____

Email address: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BIRTHDATE: _____

S.S.#: _____ DRIVERS LICENSE #: _____

SPOUSE: _____ BIRTHDATE: _____

Phone # _____ email address: _____

S.S.#: _____ DRIVERS LICENSE #: _____

Have you or your spouse ever been evicted or broken a rental agreement? _____

Have you or your spouse ever been arrested, convicted, or adjudicated of a crime? _____

(If yes to any of the above questions, please explain on the reverse side.)

Why are you leaving your current residence? _____

Have you or your spouse filed bankruptcy in the last 10years? _____

Have you or your spouse had a home foreclosure? _____

EMPLOYER: _____ PHONE #: _____

POSITION: _____ ANNUAL SALARY: _____

SPOUSE EMPLOYER _____ PHONE # _____

POSITION _____ ANNUAL SALARY: _____

LOCAL CONTACT: _____ PHONE #: _____

CURRENT LANDLORD _____ PHONE# _____

LENGTH OF TERM: _____ FROM: _____ TO _____

MONTHLY RENT _____

PREVIOUS LANDLORD: _____ PHONE #: _____

LENGTH OF TERM: _____ FROM: _____ TO _____

MONTHLY RENT _____

OF OCCUPANTS: _____ CHILDREN: _____ AGES: _____

NAMES OF ALL OCCUPANTS: _____

PETS: _____ BREED _____ AGE: _____ WEIGHT: _____ SMOKER/NON-SMOKER

OF VEHICLES: _____ TRUCK: _____ RV: _____ BOAT: _____

VEHICLE TAG #: STATE _____ # _____ YR _____ MAKE _____

: STATE _____ # _____ YR _____ MAKE _____

I/WE FULLY UNDERSTAND AND ACCEPT THAT SHOULD THE PREMISES BE PLACED ON THE MARKET FOR SALE, WE WILL ALLOW PREMISES TO BE SHOWN AT REASONABLE TIMES REQUIRING NO MORE THAN 24 HOURS NOTICE. I/WE HEREBY CERTIFY THAT EVERYTHING STATED IN THIS APPLICATION IS TRUE AND CORRECT. HORSE AND CHAISE RENTALS AND PROPERTY MANAGEMENT IS AUTHORIZED TO CHECK MY/OUR CREDIT AND EMPLOYMENT HISTORY AND TO REPORT ANY INFORMATION TO THE OWNER OF SUBJECT PROPERTY.

TENANT

DATE

TENANT

DATE

150 N Nokomis Ave. Venice FL. 34285

1-941-483-3331 fax# 1-941-485-4764

I hereby give permission to Beacon Background Screening Services LLC and its clients to receive any criminal records or credit reports whether by fax verbal ,photocopy, or original signature. I agree to hold harmless Beacon Background Screening Services LLC and all providers of information. In the event that information provided by me is found to be misleading or false; my acceptance for this rental lease or application may be affected.

OFFICE USE ONLY : Credit report only _____ Criminal _____ Civil _____ Evictions _____

CLIENT NUMBER 1344