

AGENT: _____
REFERRED BY: _____

OWNER APPROVAL/DATE: _____
HOW DID YOU HEAR ABOUT US: _____



Rentals • Property Management • Sales
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 _____ FIRST MONTH RENT _____
MONTHLY RENT _____ LAST MONTH RENT _____
PET FEE N/R _____ SECURITY DEPOSIT _____

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 \$95.00 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 #: _____
TENANT E-MAIL: _____

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 #: _____
CO-TENANT EMAIL: _____

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 _____

EMERGENCY CONTACT INFORMATION

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:

DATES OF LEASE _____
MONTHLY RENT _____

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

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