



Florida Coastal Jacksonville Realty
1486 Third Street So.
Jacksonville Beach, FL 32250
Phone: 904.249.7676 Fax: 904.246.1010



RENTAL APPLICATION

How did you find us? _____ Desired move-in date: _____

Property Address: _____

Monthly Rent \$ _____ Security Deposit \$ _____

Neatly complete **all** information below. Every person over the age of 18 must complete and sign their own application. The following must be provided with application:

____ Copy of Driver's Licenses or other valid photo ID

____ Proof of income dated within the last 30 days

____ Application fee of \$50 per adult must be paid at time application is sent in. call the office 904 249 7676

Note: Application fee is non-refundable and covers the cost of screening and processing application.

Applicant has two options 1. Come in within 48 hours from approval notification to sign lease and submit security deposit and other fees. 2. If applicant pays a full or partial deposit to hold property off market and is not approved for the property, you will be given notice of action explaining the denial and the security deposit paid in advance will be refunded to you within 5 business days. If you are approved for the property, the advanced security deposit paid is **NON-REFUNDABLE.**

APPLICANT _____

Cell Phone # _____ Home Phone# _____ Work Phone # _____

Email: _____ D.O.B _____ Social Security # _____

Drivers License # _____ State _____ Exp. _____

Current _____

Address _____ City _____ State _____ Zip _____ Own/Rent _____

Landlord/Mortgage Co _____ Phone # _____

How long at this address _____ Reason for leaving _____ Rent \$ _____

Previous _____

Address _____ City _____ State _____ Zip _____ Own/Rent _____

Landlord/Mortgage Co _____ Phone # _____

How long at this address _____ Reason for leaving _____ Rent \$ _____

Auto Yr. _____ Make _____ Model _____ State/License plate # _____ Color _____

Auto Yr. _____ Make _____ Model _____ State/License plate # _____ Color _____

Present Employer _____ Position _____

Employers Address _____ City _____ State _____ Zip _____

Phone # _____ How long at this job _____ Mo Net Income _____

Other Income/sources _____

Pg 2
Please provide documentation.

SPOUSE: _____

D.O.B _____ Cell Phone # _____ Work Phone # _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Present Employer _____ Position _____

Employers Address _____ City _____ State _____ Zip _____

Phone # _____ How long at this job _____ Mo Net Income _____

Other Income/sources _____
Please provide documentation.

Pets:
Type _____ Breed _____ Age _____ Weight _____

Type _____ Breed _____ Age _____ Weight _____

Have either of you ever been party to an eviction? [] Yes [] No Have either of you ever filed bankruptcy? [] Yes [] No
Have either of you been convicted of a crime? [] Yes [] No Do either of you smoke? [] Yes [] No

If "yes" to any of the above, please elaborate: _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Names & ages _____

Names and relations of all other applicants _____

Does any person listed above smoke? [] Yes [] No

Applicant represents that all of the statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. Applicant understands that an investigative consumer report including information about character, credit history, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. Applicant agrees that false, misleading or misrepresented information may result in the application being rejected, will void a lease/rental agreement if any and/or be grounds for immediate eviction with loss of all deposits and any other penalties as provided by the lease terms if any. Applicant authorizes verification of all information by the Management Company. Applicant has the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation

Signature _____ Date _____

Signature _____ Date _____

Received from applicants the non-refundable sum of \$ _____ dollars to pay for tenant screening services.

Received from applicants a deposit to hold property off the market in the sum of \$ _____ .