Date:	Address Applying for:	Last Nam
Dato	/ taar 000 / tppryring 101:	Lactivani

\$30.00 Per Adult

RENTAL APPLICATION

\$30.00 Per Adult



ONLY CLEAN & RESPONSIBLE PEOPLE WHO PAY RENT ON TIME MAY APPLY with valid Picture ID FLORIDA COAST COTTAGES, LLC - P. O. BOX 123, INDIAN ROCKS BEACH, FL 33785 - PH: (727) 470-0771 - FAX: (727) 478-7282

First Name:		MI:	Last Nam	ne:	Jr.,Sr?
SSN:	Date of Birth:		hone:	Is this your phone?:	
Cell Phone:	Pager:	Alt	ernate Phon	ne: Whose Phone?:	
	List yo	ur Address	es for th	ne Previous 5 years	
Current Address:			City, State	e, Zip:	
Owner/Manager:			Phone:	Monthly Rent:	
Moved In date:		Why are yo	ou moving?		
Previous Address:			City, State		
Owner/Manager:			Phone:	Monthly Rent:	
Moved In date:		Moved out	date:		
Previous Address:			City, State	e, Zip:	
Owner/Manager:			Phone:	Monthly Rent:	
Moved In date:		Moved out	date:		
		Employme	nt and In	ncome	
Current Employer:			Address:		
Position:	Phone:		Hire	Date: Hours worked per week:	
Gross Wages:\$	(month	_weekhour) What o	other income & source?:	
2 nd Job Employer:		Phone:		Income\$wk,Mor	_Hr
Are You on Section 8?:	If Yes, Have	e You had your	briefing?:	If yes, I have a BEDROOM Vo	ucher
How long will you live here?:	1 yr2 yr	3 yr +	Your Attor	rney's Name:	
Is the total move-in amount available now?: Have you broken a lease?: Are You a Convicted Felon?:					
How many Evictions have been filed on you?: What kind of animals do you have?:					
What may interrupt your income or ability to pay rent?					
	If accept	ed the followir		will be living with me	
1.)			4.)		
2.)	5.)				
3.)					
Credit Ref		Monthly Pa	ymont	Do you have a Checking Account?:	1
1.)	Dalance	Worlding Fa	yment	Do you have a Savings Account?:	
2.)				Do you own Real Estate?:	
,	EMERG	ENCY CONTA	CTS includ	ding help to pay rent	
NAME		DRESS	ioro inolaa	PHONE RELATIONSH	IP
1.)					
2.)					
LIST Vehicles & Trailers your household will possess:					
HOW DID YOU FIND THIS HOME: (friend, yard sign, etc.) Your requested move-in date:					
Do You want Rent with Option to Buy or Rent to Own? How much Cash do You Have: \$					

Date:	Address Applying for:	Last Name:
Other con	nments or explanations:	
below sign the amoun the Applica verify the i police, gov within his s provided fi information The Applica administratinformation and all act provided hagreement Landlord vapproval to within 24 hour required	red, hereafter "Applicant". The Applicant shall pay to at listed on application to cover the administrative cost ant. Applicant authorizes the Landlord, his employees information provided herein, including but not limited vernment agencies and any and all other sources of sole discretion. The Applicant represents to the Landlord herein is true, accurate and complete to the bean is not as represented, or if the application is incompleted to a provides the information contained on this stors, or assigns for any damages of any kind, actual provided by the Applicant, and Applicant hereby relations, causes of action of any kind or nature that make the information is a security for in a security in	religion, national origin, sex, disability or familial status. tely three times or more the monthly rent of of the required income. ntenance from your previous Landlords. irements such as double deposit or rent paid in advance for applicants
	APPLICANT:	DATE:

FloridaCoastCottages.com

E-mail: Jim@FloridaCoastCottages.com

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Received By:	App Fee	Viewed Property	Picture ID Copy	Source			