

RENTAL APPLICATION – Latham Investments
512-784-9086/727-272-1535
Fax: 888-689-5952 / info@rental-app.com

PLEASE NOTE: APPLICATIONS WILL NOT BE CONSIDERED IF #7 IS NOT COMPLETED

1. Applicant's Full Name: _____ Phone # _____
2. Previous Address: _____ Apt. # _____
City _____ State _____ Zip: _____
Move in date at above address _____ Name of owner or manager _____ Phone: # _____
3. Social Security # _____ Driver's License # _____ State of Issue: _____
Are you (check one) Over 18 years of age _____ Under 18 years of age _____ ?
4. Present Employer: _____ Phone: _____
Kind of work: _____ Monthly income: _____ or Weekly income _____
5. Please give information about any vehicle to be parked on the premises:
Type of vehicle _____ Year _____ License # _____ State _____
6. Why are you leaving your present address? _____

7. Have you ever:
Been evicted? _____ If yes, why? _____
Broken a rental agreement or lease contract? _____ If yes - When? _____ Why? _____
Been convicted of a felony? _____ If yes, when? _____ and for what? _____

8. How were you referred to us? _____
9. In case of EMERGENCY notify: _____ Wk. Ph. _____ Home Ph. _____
Street Address: _____ City/State/Zip _____ Relationship: _____
In the event of serious illness or death of resident, the above person is _____ is not _____ authorized to remove and/or store all contents found in the dwelling.
10. In the event of serious illness or injury, contact the following physician: _____
Phone #: _____ City _____

CORRECT INFORMATION

THE UNDERSIGNED PERSON REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND HEREBY AUTHORIZES VERIFICATION OF SUCH INFORMATION VIA CREDIT REPORTS, RENTAL HISTORY REPORTS AND OTHER MEANS. FALSE INFORMATION GIVEN ABOVE SHALL ENTITLE OWNER TO (1) REJECT THIS APPLICATION (2) RETAIN THE APPLICATION FEE(S) AS LIQUIDATED DAMAGES FOR OWNER'S TIME AND EXPENSES OF PROCESSING THIS APPLICATION, AND (3) TERMINATE THE RESIDENT'S RIGHT OF OCCUPANCY. FALSE INFORMATION MAY ALSO CONSTITUTE A SERIOUS CRIMINAL OFFENSE.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

DESIRED MOVE-IN DATE _____