



REGIONAL PROPERTY SERVICES, INC

Licensed Real Estate Broker

2065-2 DELTA WAY, TALLAHASSEE FL 32303

PHONE: 850-893-2500 FAX: 850-201-0582

APPLICATION FOR RESIDENCY

HOW DID YOU HEAR ABOUT THE APT.? _____

APARTMENT / ADDRESS APPLYING FOR: _____

CURRENT PHONE # _____ **CELL#** _____

Applicant:

Spouse:

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

Driver's License #: _____

Driver's License #: _____

Sex _____ Race _____ Height _____

Sex _____ Race _____ Height _____

Any Other Occupants

Any Other Occupants

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESIDENTIAL HISTORY

A. Street Address: _____

City: _____ State: _____ Zip: _____

Apartment Name or Landlord: _____

Their Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Lived there From: _____ To: _____ Mo. Payment _____

Reason for Moving: _____

B. Street Address: _____

City: _____ State: _____ Zip: _____

Apartment Name or Landlord: _____

Dates of Occupancy _____

GENERAL INFORMATION

Pet(s) Number: _____ Type(s): _____ Weight(s): _____

House Broken: NO () YES ()

Vehicles: Year: _____ Make: _____ Color: _____ License: _____ State: _____

Year: _____ Make: _____ Color: _____ License: _____ State: _____

Has applicant, spouse or any other proposed occupant ever:

Filed for Bankruptcy? NO () YES () Been Evicted? NO () YES ()

Willfully or Intentionally refused to pay rent when due? NO () YES ()

Had a criminal record? NO () YES ()
if yes, explain: _____

Been Arrested for drug usage or trafficking in drugs? NO () YES ()
if yes, explain: _____

Closest Living Relative:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT HISTORY

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed From: _____ To: _____ Salary: _____

Position: _____ Supervisors Name: _____

Spouses Employment:

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed From: _____ To: _____ Salary: _____

Position: _____ Supervisors Name: _____

I/We do hereby consent to and authorize Regional Property Services or its Representative to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: City, County, State, Federal Law Inforcement Agencies, credit reporting agencies, present and/or past employers, present and/or past residences. I understand that any information obtained may be considered by Regional Property Services or its representative at their sole discretion, as a factor in decisions they make, with respect to the Apartment/House for which I am applying. I further claim I am legally of age to make application and sign a contract for the rental unit I am applying for.

Furthermore, I hereby release and hold harmless: agents, owners and affiliates of, but not limited to; their officers, director, employees, agents, Law Enforcement Agencies, Credit Reporting Agencies, present and/or past employers, present and/or past residence, its officers and employees that shall provide information to Regional Property Services or its Representatives, upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

I/We hereby certify that the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I/We understand that this is an application for an apartment and does not constitute a lease agreement in whole or part. The \$_____ holding security deposit is not refundable if the application is accepted and I/We fail to move in. I/We hereby acknowledge a Non Refundable Application Fee of \$_____ to be used in the processing of this application

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____