

Long Management Rental Application

Please do not leave any blank spaces! Make sure to sign the bottom of the application. Source Referred by _____

Name: LAST _____ FIRST _____ MI _____ SS# _____ - _____ - _____ DOB ____/____/____ Drivers License# _____
ST _____

Landline _____ Cell number _____ Email Address _____
Spouse: _____, MI _____ SS# _____ - _____ - _____ DOB ____/____/____ Drivers
License# _____ ST _____
Landline _____ Cell number _____ Email Address _____

Children if any: _____

Pets: Number _____ Type _____ Breed _____ Weight _____ Age _____

Current Street Address _____, City/State _____ Zip _____
Current Landlord/Mortgage Holder _____ Phone _____ Monthly Rent/Mortgage

Length of Residence: FROM _____ TO _____ Reason for Moving _____

Previous Address _____, City/State _____ Zip _____
Prior Landlord/Mortgage Holder _____ Phone _____ Monthly Rent/Mortgage

Length of Residence: FROM _____ TO _____ Reason for moving _____

Present Employer _____, City/St _____ Supervisor _____ Phone

Position _____ Income \$ _____ per _____ Length of Employment _____

Prior Employment if less than 6 months
Prior Employer _____, City/State _____ Zip _____
Position _____ Income \$ _____ per _____ Length of Employment _____

Spouse's Employer _____, City/St _____ Supervisor _____ Phone _____
Position _____ Income \$ _____ per _____ Length of Employment _____

Other Income \$ _____ Per _____ Source _____

Emergency Contact _____ Phone _____ Relationship _____

Vehicle #Year _____ Make _____ Model _____ Color _____ Tag # _____
Vehicle #Year _____ Make _____ Model _____ Color _____ Tag# _____

Have you or your spouse left owing money to a landlord or had eviction file? Y ___ N ___ (If yes, please describe the circumstances on the back of the application)

Have you ever had adjudication withheld or been convicted of a crime? Y ___ N ___ (same as above)

Is anyone in your household a smoker? Y ___ N ___

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant represents that all of the above information and statements on the application are true and complete any hereby authorizes a consumer report including, but not limited to, residential history, employment history, criminal history, court records and credit records. This application must be signed before management can process it. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state. Resident agrees to pay a non-refundable application fee of \$ _____. Remit to Park Plaza Apts., 101 S. Bumby Avenue, Orlando, Fl. 32803. Once management has received the application, the applicant will be notified of approval or denial within 72 hours. After the minimum-security deposit is paid to management to secure the apartment, the applicant acknowledges by signing below, that he or she **has 72 hours** thereafter to cancel said security deposit or it will be forfeited to management.

Applicants Signature/Date _____

Spouse Signature/Date _____

Apt.# _____
Move In Date: _____
Security Deposit: \$ _____
Date Received: _____
Pet Deposit and Pet Fee: \$ _____
Pro-Rated Rent: \$ _____