

**Gardens of Gulf Cove Property Owners Association, Inc.**

~ A Deed Restricted Community ~

**RENTAL APPLICATION**

*PLEASE NOTE: Each adult occupying the property must complete a separate application in its entirety.  
Incomplete applications will be denied.*

Property Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Garden's Property Address: \_\_\_\_\_ Rental Rate: \_\_\_\_\_  
Applicant's Email Address: \_\_\_\_\_ Lease Term (from-to): \_\_\_\_\_

**PERSONAL HISTORY**

**Applicants Full Name:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
\*Driver's License #: \_\_\_\_\_ *(\*attach a legible copy of valid license)*

**Present Address:** \_\_\_\_\_ OWN/RENT  
Dates (from – to): \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Prior Address:** \_\_\_\_\_ OWN/RENT  
Dates (from – to): \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Additional Occupant(s):** # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Present Employer:** \_\_\_\_\_ How long: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Gross Monthly Pay: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prior Employer:** \_\_\_\_\_ How long: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Gross Monthly Pay: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
Have you ever filed bankruptcy? \_\_\_\_\_ If so, when: \_\_\_\_\_  
Have you ever been involved in a foreclosure? \_\_\_\_\_ If so, when: \_\_\_\_\_  
Have you ever been arrested? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

*I CERTIFY the answers given herein are true and complete. I authorize investigation of all statements contained in the application for tenant screening as may be necessary in arriving at a decision and I understand this application may be denied for any misrepresentations made above and the application fee is non-refundable.*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*