



RENTAL APPLICATION

Each applicant, including both husband and wife, must fill out the Personal Information Section

Application Fee:
\$ 250.00

Date Paid: _____

Method: ___ Cash

Check # _____

Money Order # _____

Rec'd By: _____

PLEASE PRINT

PROPERTY INFORMATION

Address Applied For: Street _____
City _____ County _____

Requested Occupancy Date: _____

Applicant # 1: _____

Applicant # 2: _____

Applicant # 3: _____

Applicant # 4: _____

An **APPLICATION FEE** of **\$250.00** is required at the time of submitting the application. Funds must be in the form of **CASH, CERTIFIED CHECK or MONEY ORDER**, and written to Jim Wood Realty Escrow.

Upon signing the lease, the Application Fee, less \$50 shall be applied to the Security Deposit.

Applicant(s) agrees by signing this application that the Application Fee will be forfeited if the application is declined because of false information or if the application is withdrawn, FOR ANY REASON, by applicant after the application has been approved.

THERE WILL BE NO EXCEPTIONS.

Should there be more than two signers (Applicants) on the lease, an additional non-refundable Credit Check Fee of \$50 per individual.



RENTAL APPLICATION

APPLICANT # _____

PERSONAL INFORMATION

NAME: First _____ Middle _____ Last _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ AGE: _____

DRIVER'S LICENSE: Number _____ State _____

PHONE: Home _____ Cell _____ Work _____

EMAIL: _____ FAX: _____

CURRENT ADDRESS: Street _____ Apartment # _____

City _____ State _____ Zip _____

PRIMARY VEHICLE: Make _____ Model _____

Year _____ Color _____ Plate # _____ State _____

BANK ACCOUNT: Name of Bank _____ Branch _____

____ Checking ____ Savings PHONE: _____ FAX: _____

ADDRESS: Street _____ City _____ State _____ Zip _____

BANK ACCOUNT: Name of Bank _____ Branch _____

____ Checking ____ Savings PHONE: _____ FAX: _____

ADDRESS: Street _____ City _____ State _____ Zip _____



RENTAL HISTORY
 (Husband and wife applicants may complete only one rental history)

CURRENT LANDLORD: _____

PHONE: _____ FAX: _____ EMAIL: _____

HOW LONG AT CURRENT ADDRESS: Months _____ Years _____ RENT PER MONTH: \$ _____

REASON FOR LEAVING: _____

Is your present rent up to date? Yes ___ No ___ When does your Lease end? _____

PREVIOUS ADDRESS: Street _____ Apt. # _____

City _____ State _____ Zip _____

PREVIOUS LANDLORD: _____

PHONE: _____ FAX: _____ EMAIL: _____

HOW LONG AT THIS ADDRESS: Months _____ Years _____ RENT PER MONTH: \$ _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: Street _____ Apt.# _____

City _____ State _____ Zip _____

PREVIOUS LANDLORD: _____

PHONE: _____ FAX: _____ EMAIL _____

HOW LONG AT THIS ADDRESS: Months _____ Years _____ RENT PER MONTH: \$ _____

REASON FOR LEAVING: _____

Applicant authorizes Jim Wood Realty, PL or their agent to contact past and present landlords to investigate applicant's rental and payment history.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OR FACSIMILE OF THIS FORM AT ANY TIME.

Applicant's Signature: _____ Date: _____



EMPLOYMENT HISTORY

CURRENT EMPLOYER: _____

ADDRESS: Street _____ Apt./Suite _____

City _____ State _____ Zip _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ SUPERVISOR: _____ HOW LONG? _____

WAGES: Per Paycheck \$ _____ PAID: (Circle one) Weekly Bi-Weekly Monthly

PREVIOUS EMPLOYER: _____

ADDRESS: Street _____ Apt./Suite _____

City _____ State _____ Zip _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ SUPERVISOR: _____ HOW LONG? _____

WAGES: Per Paycheck \$ _____ PAID: (Circle one) Weekly Bi-Weekly Monthly

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: Street _____ Apt./Suite _____

City _____ State _____ Zip _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ SUPERVISOR: _____ HOW LONG? _____

WAGES: Per Paycheck \$ _____ PAID: (Circle one) Weekly Bi-Weekly Monthly

REASON FOR LEAVING: _____

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Applicant’s Signature: _____ Date: _____

PERSONAL INFORMATION

NAME: First _____ Middle _____ Last _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ AGE: _____

DRIVER'S LICENSE: Number _____ State _____

PHONE: Home _____ Cell _____ Work _____

:EMAIL: _____ FAX: _____

CURRENT ADDRESS: Street _____ Apartment # _____

City _____ State _____ Zip _____

PRIMARY VEHICLE: Make _____ Model _____

Year _____ Color _____ Plate # _____ State _____

BANK ACCOUNT: Name of Bank _____ Branch _____

____ Checking ____ Savings PHONE: _____ FAX: _____

ADDRESS: Street _____ City _____ State _____ Zip _____

BANK ACCOUNT: Name of Bank _____ Branch _____

____ Checking ____ Savings PHONE: _____ FAX: _____

ADDRESS: Street _____ City _____ State _____ Zip _____



RENTAL HISTORY
(Husband and wife applicants may complete only one rental history)

CURRENT LANDLORD: _____

PHONE: _____ FAX: _____ EMAIL: _____

HOW LONG AT CURRENT ADDRESS: Months _____ Years _____ RENT PER MONTH: \$ _____

REASON FOR LEAVING: _____

Is your present rent up to date ? _____ When does your Lease end? _____

PREVIOUS ADDRESS: Street _____ Apt. # _____

City _____ State _____ Zip _____

PREVIOUS LANDLORD: _____

PHONE: _____ FAX: _____ EMAIL: _____

HOW LONG AT THIS ADDRESS: Months _____ Years _____ RENT PER MONTH: \$ _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: Street _____ Apt.# _____

City _____ State _____ Zip _____

PREVIOUS LANDLORD: _____

PHONE: _____ FAX: _____ EMAIL _____

HOW LONG AT THIS ADDRESS: Months _____ Years _____ RENT PER MONTH: \$ _____

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Applicant's Signature: _____ Date: _____



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CURRENT EMPLOYER: _____

ADDRESS: Street _____ Apt./Suite _____

City _____ State _____ Zip _____

PHONE: _____ FAX: _____ EMAIL: _____

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Applicant's Signature: _____ Date: _____

GENERAL INFORMATION

OTHER INCOME
(Pension, Social Security, Trust Fund, Alimony, Child Support, Stocks, Bonds, etc.
(Attach photocopies of proof of additional income to application)
Include for all applicants

SOURCE: _____ AMOUNT: \$ _____ PROOF: _____

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SOURCE: _____ AMOUNT: \$ _____ PROOF: _____

OTHER FIXED MONTHLY EXPENSES
(Auto Loans, Other Loans, Credit Cards, Alimony, Child Support)
Include for all applicants

AUTO LOAN: Lien Holder _____ Monthly Payment \$ _____

AUTO LOAN: Lien Holder _____ Monthly Payment \$ _____

AUTO INSURANCE: Company _____ Monthly Payment \$ _____

HEALTH INSURANCE: Company _____ Monthly Payment \$ _____

CREDIT CARD: Company _____ Monthly Payment \$ _____

CREDIT CARD: Company _____ Monthly Payment \$ _____

CREDIT CARD: Company _____ Monthly Payment \$ _____

CREDIT CARD: Company _____ Monthly Payment \$ _____

STUDENT LOANS: Company _____ Monthly Payment \$ _____

OTHER: Holder or company _____ Monthly Payment \$ _____

OTHER: Holder or company _____ Monthly Payment \$ _____

OTHER: Holder or company _____ Monthly Payment \$ _____

PROPOSED OCCUPANTS
(Including applicants, children, other relative or friend)

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

PROPOSED PETS

TYPE/BREED: _____ COLOR: _____ WEIGHT: _____ AGE: _____

TYPE/BREED: _____ COLOR: _____ WEIGHT: _____ AGE: _____

TYPE/BREED: _____ COLOR: _____ WEIGHT: _____ AGE: _____

TYPE/BREED: _____ COLOR: _____ WEIGHT: _____ AGE: _____

PERSONAL REFERENCES
(Local, if possible)

NAME: _____ Known how long? _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX: _____

NAME: _____ Known how long? _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX: _____

NAME: _____ Known How Long? _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX: _____

NAME: _____ Known How Long? _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX: _____

EMERGENCY CONTACTS

NAME: _____ RELATIONSHIP: _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: Street _____ State _____ Zip _____

PHONE: Home _____ Work _____ Cell _____

EMAIL: _____ FAX : _____

WOULD ANY OF THE ABOVE LISTED REFERENCES OR EMERGENCY CONTACTS
BE WILLING TO COSIGN THE LEASE? ____ YES ____ NO

IF YES, LIST THEIR NAME HERE: _____

_____ I/WE HAVE INSPECTED THE RENTAL PROPERTY AND FIND IT TO BE IN A GOOD AND HABITABLE CONDITION.

_____ I/WE HAVE INSPECTED THE RENTAL PROPERTY AND ADVISE THE LANDLORD THAT THE FOLLOWING REPAIRS ARE NEEDED TO MAKE THE RENTAL PROPERTY HABITABLE.

I/We have read the entire application and agree to abide by all requirements and regulations of the lease for this property. All information contained in this application is true, accurate and complete to the best of the applicant(s)' knowledge.

I/We understand that any misrepresentation in this application is grounds for denial of the application and forfeiture of the Application Fee.

SIGNATURE(S):

Applicant # 1: _____ **Date:** _____

Applicant # 2: _____ **Date:** _____

Applicant # 3: _____ **Date:** _____

Applicant # 4: _____ **Date:** _____

Post Office Box 2748
High Springs, Florida
32655-2748



Phone: 386-454-2907
Fax: 386-454-2510
www.jimwoodrealty.com

TENANT DISCLOSURE AND RELEASE

In connection with my tenant application with Jim Wood Realty, PL. I understand that consumer reports which may contain public record information may be requested from Advantage Credit, Inc./Advantage Tenant, Inc., Pensacola, Florida. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ADVANTAGE TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to Advantage Credit, Inc./Advantage Tenant, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information.

I hereby authorize procurement of consumer report(s). If approved as a tenant, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my contract period.

I authorize Jim Wood Realty, PL and its' Agents to use information furnished in my Rental Application to secure the consumer report(s).

PRINT NAME

DATE

SIGNATURE

Print Name

Date

Signature

AGENT FOR JIM WOOD REALTY, PL



Post Office Box 2748
High Springs, Florida
32655-2748

Phone: 386-454-2907
Fax: 386-454-2510
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PRINT NAME

DATE

SIGNATURE

Print Name

Date

Signature

AGENT FOR JIM WOOD REALTY, PL