

# Beach One Properties Rental Application

## Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: How long?

## Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	(Please circle) Annual income:

## Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:		ZIP Code: Phone:
Relationship:			

## Co-applicant Information, if Married

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: How long?

## Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	(Please circle) Annual income:

## Last Two(2) Landlord References

Name:	Address:		Phone:

Please tell us why you have chosen us for your housing needs and why you are considering a move.

## Other Information

Do you have pets? Circle Yes No

What kinds?

Do you smoke? Circle Yes No

Please List any vehicles that will be parked on the property and Plate numbers.

MAKE	MODEL	COLOR	PLATE NUMBER

List any more below.

Please List any additional people living with or staying with your for extended periods of time.

NAME	AGE	RELATIONSHIP	DATE OF BIRTH	EMPLOYER

Would you be interested in purchasing property instead of renting? Yes \_\_\_ NO \_\_\_

I authorize the verification of the information provided on this form as to my credit and employment.

Signature of applicant:	Date:
Signature of co-applicant:	Date: