



the garibaldi company

property management services

Leasing Specialist

RENTAL APPLICATION

OFFICE USE ONLY:

Community Name: The Florentine	Apt #: _____	Date: _____	Time: _____
Anticipated Move-in Date _____	Quoted Monthly Rent \$ _____	Quoted Special \$ _____	

Notice: All occupants 18 years of age or older or emancipated minors must complete a separate application for rental.

Application is for: Head of Household Co-Head of Household Co-Signer Other

APPLICANT INFORMATION

OFFICE USE ONLY: ID Verified <input type="checkbox"/> SSN Verified <input type="checkbox"/>					
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	IDENTIFICATION #	STATE OR COUNTRY OF ISSUE
BIRTH DATE	HOME TELEPHONE () ()	MOBILE TELEPHONE () ()	WORK TELEPHONE () ()	E-MAIL ADDRESS	

CURRENT ADDRESS

STREET ADDRESS				CITY	STATE	ZIP
MOVE-IN DATE	MOVE-OUT DATE	LANDLORD NAME/LENDER INFORMATION		LANDLORD TELEPHONE NUMBER () ()		
MONTHLY RENT/MORTGAGE \$	REASON FOR LEAVING					

PREVIOUS ADDRESS

STREET ADDRESS				CITY	STATE	ZIP
MOVE-IN DATE	MOVE-OUT DATE	LANDLORD NAME/LENDER INFORMATION		LANDLORD TELEPHONE NUMBER () ()		
MONTHLY RENT/MORTGAGE \$	REASON FOR LEAVING					

OTHER OCCUPANTS/HOUSEHOLD MEMBERS

List Names and Birth Dates of All Occupants

Name	Birth Date	Relationship
Name	Birth Date	Relationship
Name	Birth Date	Relationship
Name	Birth Date	Relationship
Name	Birth Date	Relationship

LIABILITY - PETS or LIQUID-FILLED FURNITURE or SATELLITE DISH

Pets Name	Pets Breed	Pets Color	Pets Weight *	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>
Pets Name	Pets Breed	Pets Color	Pets Weight *	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>
Liquid-Filled Furniture Type	Description	Weight	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>	
Satellite Dish	Description	Size	Dep Required <input type="checkbox"/>	Ins. Required Yes <input type="checkbox"/>	

* Weight and Breed restrictions apply. A Deposit may be required as a condition to keep pet on premises.

Deposit restrictions do not apply to any qualified service or support animals.



EMPLOYMENT & INCOME INFORMATION				
1. Primary Employer/Company		Occupation	Gross Monthly Salary \$	
Supervisor Name		Telephone ()	Start Date	End Date
2. Secondary Employer/Company (or Previous if Current Less than 6 Mos.)		Occupation	Gross Monthly Salary \$	
Supervisor Name		Telephone ()	Start Date	End Date
1. Other Income If You Wish It to be Considered / Description			Monthly Income \$	
2. Other Income If You Wish It to be Considered / Description			Monthly Income \$	
FINANCIAL INFORMATION				
Name of Bank/Financial Institution	Address	Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
EMERGENCY CONTACT				
1. Name	Address	Telephone ()	Relationship	Access Allowed <input type="checkbox"/>
2. Name	Address	Telephone ()	Relationship	Access Allowed <input type="checkbox"/>
PERSONAL REFERENCES				
1. Name	Address	Telephone ()	Relationship	
2. Name	Address	Telephone ()	Relationship	
VEHICLE INFORMATION				
1. Make & Model	Color	Year	License Plate Number	State
2. Make & Model	Color	Year	License Plate Number	State
Other Vehicles				
BACKGROUND INFORMATION				
Have you Ever: Filed a Petition for Bankruptcy?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Willfully or Intentionally refused to pay rent when due?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Been Evicted from a Tenancy?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Left a Property Owing Money?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY				

- Initial _____
1. I warrant that all information set forth above in this application is true and correct to the best of my knowledge.
2. I acknowledge and agree that the rental agreement contemplated may not be executed or that the owner, manager, or agent of the apartment community may terminate such agreement without further notice if such agreement is executed based upon reliance of any false or misleading statement made herein.
3. I hereby give permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former residency, as well as the other information listed above.
4. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed.
5. I am aware that an investigative report including employment, rental history, credit history, an eviction search, and criminal background may be completed in conjunction with my application.
6. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Applicant _____

Date _____

