



6200 Metrowest Boulevard suite 201
Orlando FL 32835
Office: 407-917-4736
Cel: 321-695-1124
Email: gabo@reprofl.com
website: www.reprofl.com

Rental/Credit Application

Personal Information:

Date: _____ **Application Taken by** _____

Name of Applicant: _____ **Phone No.** _____

E-mail Address _____ **Date of Birth** _____

Social Security No. _____ **Driver's License No.** _____

Present Address _____

Prior Address _____

How long have you lived at present address? _____ **Current montly rent \$** _____

Name of Landlord _____ **Telephone** _____

Prior Landlord _____ **Telephone** _____

How many will be living in this unit? Adults _____ **Children #** _____ **Ages** _____

Weight of Pets _____

Pets _____

Employment Information

Employer _____

Occupation _____

Current Salary _____

Contact Person _____

How Long? _____

Telephone _____

2nd Applicant Information

Name _____ Date of Birth _____

Address : _____

Telephone: _____ E-mail: _____

Social Security No. _____ Driver's License No. _____

Employer _____ Occupation _____
Current Salary _____

How Long? Telephone _____ Contact Person _____

Bank Information

Bank Name _____

Checking Account _____ (Optional)

Savings Account _____ (Optional)

Personal/Credit References

Name Relationship Telephone

Credit References

Other Information

Number of Vehicles (Including company cars)

Make/Model _____ Year _____

Color: _____ Tag No. _____ State _____

Make/Model _____ Year _____

Color: _____ Tag No. _____ State _____

HAVE YOU EVER

Filed for Bankruptcy Yes No If yes, when? _____

Been served an eviction notice or been asked to vacate a property you were renting? Yes No

Willfully or intentionally refused to pay rent when due? Yes No
If yes, when? _____

Been sued for unlawful detainer? Yes No

How were you referred to us? Newspaper (name) _____
 Realtor (Name) _____ Other _____

Rental Unit Applied for _____

Move-in Date _____ Term _____ Rent/Month _____

Acknowledgement

I/We, the undersigned, understand that **Repro Realty Inc** is the leasing Company and representative for the owner/landlord and that the leasing fees will be paid by the owner/landlord. The undersigned acknowledge that this written notice was received prior to the undersigned receiving a lease agreement.

Applicant's Signature Date Co-Applicant's Signature Date

Consent to Obtain Credit/Employment Information

I/We authorize **Repro Realty Inc.** to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. I/We further release all persons, agencies, or firms from any liabilities resulting from providing such information.

I/We declare under penalty of perjury that the information listed in this application is true and correct.

Executed on this _____ day of _____, 20____, in the city of Orlando _____, State of Florida

Applicant's Signature Date Co-Applicant's Signature Date

The undersigned authorizes landlord, leasing agent, and representatives of owner/landlord to contact the undersigned's current or previous landlord, and current employer, and further, by a copy of this Application, authorizes any said landlord or employer to release pertinent residential and employment history information to be used in evaluating my lease application. I further authorize owner/landlord, leasing agent or its representatives to apply for or obtain an investigation or credit report in connection with this application. I understand that said investigation or credit report may contain information obtained from various state governmental and private entities relative to the undersigned's number of children, employment, occupation, general health, financial, and criminal history information.

- **Every applicant must include a valid copy of ID or Driver's License**
- **APPLICATION FEE IS NOT REFUNDABLE**