



RENTAL APPLICATION

Thank you for applying to rent with us. Please provide us with all the information requested below. Incomplete information will only delay the processing of your Rental Application.

PLEASE PRINT CLEARLY!

OCCUPANTS

FULL

NAME: _____ SS# _____ - _____ - _____ DATE OF BIRTH ____/____/____

Driver License # _____ State of License Issue _____

PHONE: () _____ () _____ () _____
HOME WORK Cell #1 Email address

SPOUSE: _____ SS# _____ - _____ - _____ DATE OF BIRTH ____/____/____

Driver License # _____ State of License Issue _____

PHONE: () _____ () _____ () _____
HOME WORK Cell #1 Email address

MAIDEN NAME: _____

ALL OTHERS OCCUPANTS:

<u>FULL NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

RENTAL HISTORY

1) CURRENT ADDRESS

NUMBER STREET APT. NO. CITY STATE ZIP

FROM: _____ TO: _____ AMOUNT RENT PAID _____ APT. COMPLEX NAME: _____

OWNER/MGR _____
FULL NAME NUMBER STREET APT. NO. CITY STATE ZIP

MORTGAGE CO. (IF OWNED): _____
NAME ADDRESS LOAN NUMBER

OWNER/MGR OR
MORTGAGE CO. PHONE# () _____ REASON FOR LEAVING _____

2) PREVIOUS ADDRESS:

NUMBER STREET APT. NO. CITY STATE ZIP

FROM: _____ TO: _____ AMOUNT RENT PAID _____ APT. COMPLEX NAME: _____

OWNER/MGR _____
FULL NAME NUMBER STREET APT. NO. CITY STATE ZIP

MORTGAGE CO. (IF OWNED): _____

786 South Orange Avenue * Sarasota FL 34236 * Phone 941-366-3661 or 941-923-4377 * 1
Fax 941-309-3091

Email: jill@overseas.de * www.overseasrealty.com



NAME

ADDRESS

LOAN NUMBER

OWNER/MGR OR MORTGAGE CO. PHONE# () REASON FOR LEAVING

3) PRIOR ADDRESS:

NUMBER STREET APT. NO. CITY STATE ZIP

FROM: TO: AMOUNT RENT PAID APT. COMPLEX NAME:

OWNER/MGR FULL NAME NUMBER STREET APT. NO. CITY STATE ZIP

MORTGAGE CO. (IF OWNED): NAME ADDRESS LOAN NUMBER

OWNER/MGR OR MORTGAGE CO. PHONE# () REASON FOR LEAVING

EMPLOYMENT:

CURRENT EMPLOYER: COMPANY NAME ADDRESS: STREET CITY STATE ZIP

MONTHLY SALARY:\$ POSITION/GRADE: HOW LONG? YRS MONTH

SUPERVISOR: FULL NAME POSITION BUSINESS PHONE: ()

SPOUSE'S EMPLOYER: COMPANY NAME ADDRESS: STREET CITY STATE ZIP

MONTHLY SALARY:\$ POSITION/GRADE: HOW LONG? YRS MONTH

SUPERVISOR: FULL NAME POSITION BUSINESS PHONE: ()

REFERENCES:

FULL NAME ADDRESS STREET PHONE NUMBER

FULL NAME ADDRESS STREET PHONE NUMBER

FULL NAME ADDRESS STREET PHONE NUMBER

MISCELLANEOUS INFORMATION

PETS: DESCRIPTION NUMBER

WATER-FILLED FURNITURE: DESCRIPTION



VEHICLES TO BE PARKED ON PREMISES:

MAKE NUMBER	MODEL	YEAR	LICENSE
----------------	-------	------	---------

MAKE NUMBER	MODEL	YEAR	LICENSE
----------------	-------	------	---------

HAVE YOU EVER BEEN DELINQUENT IN PAYMENT OF YOUR RENT OR ANY OTHER FINANCIAL OBLIGATION?
IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN A DEFENDEANT IN AN UNLAWFUL DETAINER (EVICTION) LAWSUIT OR DEFAULT (FAILED TO PERFORM) ANY OBLIGATION OF A RENTAL AGREEMENT OR LEASE?
IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CRIMINALLY CONVICTED AND FOUND GUILTY OR PLEAD NO CONTEST IN A COURT OF LAW? _____ IF YES, PLEASE EXPLAIN _____

THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE OVERSEAS REALTY, INC. OR ITS AGENTS TO VERIFY THE ABOVE INFORMATION AND TO DO A CREDIT REPORT. I ALSO UNDERSTAND THAT THERE IS A NONREFUNDABLE \$25.00/APPLICANT FEE THAT IS DUE TO OVERSEAS REALTY, INC. WITH THIS APPLICATION. ANY MONEY THAT IS INCLUDED WITH THE APPLICATION TO HOLD THIS HOUSE WILL NOT BE REFUNDED IF APPLICATION IS APPROVED. IF APPLICATION IS DENIED, THE DEPOSIT WILL BE RETRUNED WITHIN 3 BUSINESS DAYS. ANY DEPOSIT MADE WILL BE CONTIBUTED TO THE COSTS OF MOVING INTO THE HOME.

NOTE: ALL APPLICANTS MUST SIGN BELOW

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Please provide a copy of "Proof of Income" for any individual who will be contributing to the Rental Payment. That "Proof of Income" may be any one of the following:

- 1) Copies of 2 pay periods of Paychecks
- 2) W-2 Form from previous year
- 3) Tax Returns from previous year
- 4) Letter from Employer, on Company Letterhead stating pay rate, average hours worked per week and length of employment