



Please fill and send this form to us via email info@42ndstreetapartments.com fax at **813.971.8480** or feel free to stop at our leasing office located on the property.

Personal				
First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	Home Phone		
Drivers License Number	State	Work Phone		
Current Address	City	State	Zip	

Employment			
Current Employer	Supervisor Name		
Employer Address	Position	Phone	
Employer Address (2)	Monthly Income	Years of Employment	

Pets (require a Pet Deposit)		
Breed	Weight lbs	Age years

Other Occupants		
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Emergency Information		
Name	Address	Phone
Name	Address	Phone

Vehicle Information				
Make	Model	Year	License Plate #	State
Make	Model	Year	License Plate #	State

Rental/Criminal History					
Ever been convicted, pled guilty, or no contest for any criminal offense?	Yes	No	Ever been sued for rent?	Yes	No
Have current charges pending?	Yes	No	Ever broken a lease?	Yes	No
Been sued for property damage?	Yes	No	Been evicted?	Yes	No

By signing this application, Applicant declares that all statements in this application are true and complete. Applicant acknowledges that false incomplete or misleading information may constitute a criminal offense, rejection of this application, termination of rights of occupancy, and forfeiture of all application fees and deposits. The community may at any time furnish information to consumer reporting agencies and other rental housing owners regarding Applicants performance of legal obligations, including both favorable and unfavorable information about compliance with the lease rules and financial obligations.

Applicant full name (Printed): _____

Applicant signature: _____

Date: _____