

RENTAL APPLICATION

Landlord: JMH Partners, LLP
 604 Hamlet Drive
 Port Orange, FL 32127-5986
 (386) 322-1935, cell (386) 295-9182

Rental Property Address: 161 15th Street
 Holly Hill, FL 32117

Primary Applicant Information					
Name: _____ Current Address: _____ City, State, Zip: _____ Phone: _____ How <input type="checkbox"/> Own Current Mo. Long? _____ <input type="checkbox"/> Rent Payment: \$ _____ Landlord/Mortgage Co.: _____ Address/Phone: _____ Reason for Leaving: _____ Previous Address: _____ City, State, Zip: _____ How Long? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Landlord/Mortgage Co.: _____ Address/Phone: _____ Reason for Leaving: _____	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Number: _____ Driver's License Number: _____ Date of Birth: ____/____/____ Current Employer: _____ Employer's Address: _____ City, State, Zip: _____ Employer's Phone: _____ Occupation: _____ How Long? _____ Supervisor: _____ Monthly Income (Take-Home): \$ _____ Other Income: \$ _____ Previous Employer: _____ Address/Phone: _____ Occupation: _____ How Long? _____				
Banking or Creditor Name	Address & Phone	Account Type	Account Number	Balance	Monthly Payment
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card			
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card			
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		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card			
References	Name	Relationship	Address City, State ZIP	Phone	
Nearest Relative:					
Other Reference:					
Other Reference:					
Vehicle(s)	Year	Make	Model	Color	Tag # / State

All non-related adults who will be residing on the property must complete and sign the Applicant Information sections on the following pages, and will be required to sign the lease if this application is approved. Please list below all other immediate family members and children who will be living in the dwelling but who are not completing the Applicant Information sections:

Name	Relationship	Sex	Age

Current Rental Terms:

Rent: \$ 800.00 /month with 12-month lease.

First and Last Month's Rent, plus a \$500.00 Security Deposit Required.

Length of lease desired: _____ months

Desired Move-In Date: ____/____/____

APPLICANT CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I certify that the information given is true and correct to the best of my knowledge. I understand that any false statements or misrepresentations on this application are grounds for immediate termination of any lease entered into based upon this application.

I hereby authorize JMH Partners, LLP to check the validity of this information and to obtain a credit report. I further authorize my employer, previous landlord, mortgage holder, credit card companies, credit bureaus, references, and any others named herein to release any information necessary for verification purposes. I hereby release said companies and persons from any liability for the release of this information or its use in determining my eligibility for leasing the property. A photocopy of this document will serve in place of the original as an authorization for release of information.

I understand that there is a non-refundable application fee of forty dollars (\$40.00) to offset the cost of processing this application and verifying the information given.

Applicant's Signature: _____ Date: ____/____/____

Secondary Applicant Information

Name: _____
 Current Address: _____
 City, State, Zip: _____
 Phone: _____
 How Own Current Mo. Long? _____ Rent Payment: \$ _____
 Landlord/ Mortgage Co.: _____
 Address/ Phone: _____
 Reason for Leaving: _____
 Previous Address: _____
 City, State, Zip: _____
 How Long? _____ Own Rent Other
 Landlord/ Mortgage Co.: _____
 Address/ Phone: _____
 Reason for Leaving: _____

US Citizen: Yes No
 Relationship to Primary Applicant: _____
 Social Security Number: _____
 Driver's License Number: _____
 Date of Birth: ____/____/____
 Current Employer: _____
 Employer's Address: _____
 City, State, Zip: _____
 Employer's Phone: _____
 Occupation: _____ How Long? _____
 Supervisor: _____
 Monthly Income (Take-Home): \$ _____ Other Income: \$ _____
 Previous Employer: _____
 Address/ Phone: _____

Banking or Creditor Name	Address & Phone	Account Type	Account Number	Balance	Monthly Payment
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Vehicle(s)	Year	Make	Model	Color	Tag # / State

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Applicant's Signature: _____ Date: ____/____/____

Additional Applicant Information

Name: _____
 Current Address: _____
 City, State, Zip: _____
 Phone: _____
 How Own Current Mo. Long? _____ Rent Payment: \$ _____
 Landlord/ Mortgage Co.: _____
 Address/ Phone: _____
 Reason for Leaving: _____
 Previous Address: _____
 City, State, Zip: _____
 How Long? _____ Own Rent Other
 Landlord/ Mortgage Co.: _____
 Address/ Phone: _____
 Reason for Leaving: _____

US Citizen: Yes No
 Relationship to Primary Applicant: _____
 Social Security Number: _____
 Driver's License Number: _____
 Date of Birth: ____/____/____
 Current Employer: _____
 Employer's Address: _____
 City, State, Zip: _____
 Employer's Phone: _____
 Occupation: _____ How Long? _____
 Supervisor: _____
 Monthly Income (Take-Home): \$ _____ Other Income: \$ _____
 Previous Employer: _____
 Address/ Phone: _____

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