

HOFACKER & ASSOCIATES, INC.

888 62nd Ave N, St. Petersburg, FL 33702

Phone: (727) 527-7373 rentals@bdudley.com

RESIDENTIAL RENTAL APPLICATION

Address of Unit Applying for _____ Lease amount: _____

Full Name of Applicant: _____

Phone: (____) _____ Alt. Phone #: (____) _____ email: _____

Applicant's Present Address: _____

Name of Landlord: _____ Telephone: (____) _____

How long have you lived at your present address? _____

Previous Address: _____

Previous Landlord: _____ Telephone: (____) _____

How long did you live at your previous address? _____

Social Sec. No.: _____ Birth date: _____

Driver's License No.: _____ or FL ID# _____

Address on Driver's License or ID: _____

Ever been arrested? **YES NO** Ever been convicted? _____

How many in your family? _____ Adults _____ Children _____ Pets?

Single? (circle one) **YES NO** Married? (circle one) **YES NO**

Employer: _____ Position: _____

How long? _____ Telephone: (____) _____

Salary: \$ _____

Supervisor or Contact Name: _____

Name of Bank: _____

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Additional Personal/Credit References:

Name	Relationship	Address	Telephone
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____

Credit Card Type _____	Credit Card Type _____
Monthly Payment _____	Monthly Payment _____

Vehicle Information

No. of Vehicles _____	Monthly Payment: _____
Make and Model _____	Color of Vehicle _____
Vehicle License # _____	State Licensed _____

Have you ever been served an eviction notice or been asked to vacate a property you were renting?

_____ If yes, explain. _____

Have you ever willfully refused to pay rent when due?

_____ If yes, explain. _____

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Co-Applicant Information

Full Name of Co-Applicant: _____

Home Telephone: (____)_____ Alt. Phone # (____)_____

Applicant's Present Address: _____

Name of Landlord: _____ Telephone:(____)_____

How long have you lived at your present address? _____

Previous Address: _____

Previous Landlord: _____ Telephone: (____)_____

How long did you live at your previous address? _____

Social Sec. No.: _____ Birth date: _____

Driver's License No.: _____ or FL ID# _____

Address on Driver's License or ID: _____

Ever been arrested? **YES NO** Ever been convicted? _____

How many in your family? _____Adults _____ Children _____ Pets?

Single? (circle one) **YES NO** Married? (circle one) **YES NO**

Employer: _____ Position: _____

How long? _____ Telephone: (____)_____

Salary: \$ _____

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CO- APPLICANT INFORMATION cont.

Additional Personal/Credit References CO-APPLICANT::

Name	Relationship	Address	Telephone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

Credit Card Type	_____	Credit Card Type	_____
Monthly Payment	_____	Monthly Payment	_____

Vehicle Information

No. of Vehicles	_____	Monthly Payment:	_____
Make and Model	_____	Color of Vehicle	_____
Vehicle License #	_____	State Licensed	_____

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