



1801 Giles Street Deltona, Florida 32725  
(1 Block North Of Elkcam Off Providence)

Rental Application

Office 386-789-2100

Fax 386-789-2215

Armstrong Team Realty

Property Address: \_\_\_\_\_

Requested Move In Date: \_\_\_\_\_

**Applicant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Drivers License \_\_\_\_\_ State Issued \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Fax# \_\_\_\_\_

**Current Address:**

Street \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employment:**

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Position \_\_\_\_\_ How Long \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

**Spouse Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Fax# \_\_\_\_\_

**Additional Monthly Income You Would Like To Be Considered**

Source: \_\_\_\_\_ \$ \_\_\_\_\_

**Pets: YES NO** (Not all owners allow pets Contact Property Manager for Prior Pet Approval)

What Kind \_\_\_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

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(Mandatory Non-Refundable Pet Fee Required For All Pets)

**Rental/Criminal History:** (You Represent The Answer Is No If You Leave Any Blank Answers In This Section)

Have You Ever Been Evicted Yes No Have You Ever Been Sued For Property Damage Yes No

Have You Ever Been Sued For Rent Yes No Have You Ever Broken A Lease Yes No

Have You Ever Been Convicted, Plead Guilty, No Contest, Received Probation, Deferred Adjudication, Court Ordered

Supervision Or Pre Trial Diversion For A Felony, Sex Related Crime Or A Misdemeanor Assault Against Another Person?

If Yes Explain: \_\_\_\_\_

**Previous/Current Landlord:** \_\_\_\_\_ Phone \_\_\_\_\_

**May We Contact** Yes No **If No Explain:** \_\_\_\_\_

**Other Occupants:**

(List Names Of All Persons Under Age Of 18 Yrs. That Will Be Occupying The Property.) Attach Sheet If Necessary:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

**Emergency Contact Information:** (Emergency Contact Person 18 Years or Older Not Living With You)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Vehicle Information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate# \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate# \_\_\_\_\_

**Authorization / Acknowledgement**

This Application Is Made For The Purpose Of Procuring Rental of Premises And For Credit Approval

By signing this application, you declare that all your statements are true and complete. You authorize Century 21 Armstrong Team Realty to verify this information through any means, including consumer reporting agencies and other rental housing owners. I you fail to answer any question or give false information, Century 21 Armstrong Team Realty may reject your application, retain all application fees and deposits as liquidated damages for its time and expense, and terminate your right of occupancy. Applicant(s) has read and understands the above statement and to the best of his / her knowledge states that all facts are true and correct. It is further understood that a credit report and complete verification will be issued by an independent agent. Any applicable application fee, must be paid prior to processing application and are **nonrefundable**.

**Application and Approval Process:** The approval process will begin when we have received complete application from all applicants, The three possible outcomes from the approval process are **accepted, conditional acceptance, or denied**. Additional information and deposits may be required if conditional acceptance is recommended. If you are denied credit, the Equal Opportunity Act requires that the creditor give you a notice that tells you the specific reasons your application was rejected or the fact that you have the right to learn the reasons if you ask within 60 days. If the creditor says you were denied credit because you are too near your credit limits on your charge cards or you have too many credit card accounts, you may want to re-apply after paying your balances down or closing some accounts. If you are denied credit because of information from a credit reporting agency the Fair Credit Reporting Act requires that the creditor gives you the name, address and phone number of the reporting agency that supplied the information. You should contact that agency to determine what your report said. We do not discriminate on the basis of race, color religion, sex, national origin, handicap or familial status. The undersigned applicant and co-applicants hereby consent to allow our company, itself or through its designated agents and its employees, to obtain a consumer reports and criminal record information, if applicable, on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease a rental unit to me/us. We also agree and understand that an owner and its agents and employees may obtain additional consumer reports and criminal record reports, if applicable, on each of us in the future to update or review our account. Upon my/our request, Owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I have read and understand the rental application acknowledgement statement above. By signing this application, you declare that all your statements in this application are true and complete.

Applicant Full Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Community Name \_\_\_\_\_ Agent/Manager \_\_\_\_\_

Application Fee\$ \_\_\_\_\_ Application Deposit\$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Move In Date: \_\_\_\_\_ Rent/Lease \$ \_\_\_\_\_ Lease Term \_\_\_\_\_

Credit Report Date \_\_\_\_\_

Credit Approved \_\_\_\_\_ Credit Denied \_\_\_\_\_ Conditional Approval \_\_\_\_\_

Notes: \_\_\_\_\_