

Two Trails, Inc. Rental Application (Fax 941-776-8789 or email back to twotrails@twotrails.net)

ADDRESS _____ APARTMENT NO. _____ DATE: _____

Apartment Occupants

Name (Head of Household)	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Marital Status	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Single	S.S. No.
Name A	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other		
Name B	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other		
Name C	Birth Date	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Relationship	1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Child 3. <input type="checkbox"/> Roommate 4. <input type="checkbox"/> Other		

Present Address			How long at present address?		
Street	City	State	Phone	Landlord	

Previous Address			How long at previous address?		
Street	City	State	Phone	Landlord	

IN CASE OF EMERGENCY – NOTIFY:			How long at previous address?		
Name	Address	City/State	Phone	Relationship	

PRIMARY OCCUPATION OF HEAD OF HOUSEHOLD (check one)

- | | | |
|---|--|---|
| 1 <input type="checkbox"/> Professional
(Charges fees, i.e., Doctor, Lawyer, etc.) | 3 <input type="checkbox"/> White Collar | 7 <input type="checkbox"/> Un-skilled laborer |
| 2 <input type="checkbox"/> Semi-Professional
(Salaried technicians, etc.) | 4 <input type="checkbox"/> Sales representative | 8 <input type="checkbox"/> Retired |
| | 5 <input type="checkbox"/> Skilled laborer (plumber, electrician, etc.) | 9 <input type="checkbox"/> Not employed |
| | 6 <input type="checkbox"/> Semi-skilled laborer (job requires some training) | A <input type="checkbox"/> Student |

TOTAL ANNUAL INCOME OF HEAD OF HOUSEHOLD:

1. <input type="checkbox"/> 5,999 – 7,488	3. <input type="checkbox"/> 10,000 – 12,499	5. <input type="checkbox"/> 15,000 – 17,499	7. <input type="checkbox"/> 20,000 – 30,000
2. <input type="checkbox"/> 7,500 – 9,999	4. <input type="checkbox"/> 12,500 – 14,999	6. <input type="checkbox"/> 17,500 – 19,999	

EMPLOYMENT

Name of Company	Address	How Long?	Bus. Phone
Former Employer	Address	How Long?	Bus. Phone
Spouse Work Yes No	Occupation	Address	How Long? Bus. Phone

TOTAL ANNUAL INCOME OF HOUSEHOLD:

1. <input type="checkbox"/> 5999 - 7488	3. <input type="checkbox"/> 10,000 – 12,499	5. <input type="checkbox"/> 15,000 – 17,499	7. <input type="checkbox"/> 20,000 – 30,000
2. <input type="checkbox"/> 7500 – 9999	4. <input type="checkbox"/> 12,500 – 14,999	6. <input type="checkbox"/> 17,500 – 19,999	

REFERENCES

BANK(S)	Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
	A Name	Address	City	Type of Account(s) 1 Checking 2 Savings 3 Loan
CREDIT	Name	Address	City	Type of Business
	B Name	Address	City	Type of Business
PERSONAL	Name	Address	City	Relationship
	B Name	Address	City	Relationship

CHECK ONE IN EACH OF THE FOLLOWING AREAS

- | | | | | | |
|---|--|---|---|--|--|
| Former Residence | | | If Former Residence Was an Apartment. Why did you move? | | |
| 1 <input type="checkbox"/> Out of State | 1 <input type="checkbox"/> Apt community | 5 <input type="checkbox"/> Home - owned | 1 <input type="checkbox"/> Job Transfer | 5 <input type="checkbox"/> Parking | |
| 2 <input type="checkbox"/> Out of town (in state) | 2 <input type="checkbox"/> duplex - rent | 6 <input type="checkbox"/> Mobile home | 2 <input type="checkbox"/> Better Location | 6 <input type="checkbox"/> Management | |
| 3 <input type="checkbox"/> Local | 3 <input type="checkbox"/> Home -rent | 7 <input type="checkbox"/> Other _____ | 3 <input type="checkbox"/> Price | 7 <input type="checkbox"/> Noise | |
| | 4 <input type="checkbox"/> Condominium | 8 <input type="checkbox"/> Establishing new household | 4 <input type="checkbox"/> Maintenance | 8 <input type="checkbox"/> Other _____ | |

Vehicles

- AUTOS**
- | | | | | |
|--|------------|------------|---------------|--|
| 0 <input type="checkbox"/> None | | | | |
| 1 <input type="checkbox"/> One | Year _____ | Make _____ | License _____ | |
| 2 <input type="checkbox"/> Two | Year _____ | Make _____ | License _____ | |
| 3 <input type="checkbox"/> More than two | | | | |
- OTHER:**
- | | | | |
|--|-------------------|-------------|------------|
| 1 <input type="checkbox"/> Boat | Dr. Lic. No _____ | State _____ | Exp. _____ |
| 2 <input type="checkbox"/> Camper | | | |
| 3 <input type="checkbox"/> Motorcycle | | | |
| 4 <input type="checkbox"/> Bicycle | | | |
| 5 <input type="checkbox"/> Other _____ | | | |

CREDIT: A credit report on applicant may be obtained by Agent on behalf of Owner prior to execution of a lease. Applicant consents to obtaining of such credit report

INSURANCE: Owner and Agent carry no insurance on the personal property of tenants.
It is recommended that you obtain same.

ENTIRE AGREEMENT: The foregoing constitutes the entire agreement between the parties and may be modified only by written notice signed by both parties. This agreement is predicated upon all of the information which has been furnished by applicant being accurate; and if the facts provided are not accurate, this lease agreement may be voided at the option of the Owner. Execution of this agreement by other parties to this agreement constitutes acceptance thereof.

Applicant Date

Applicant Date

Agent