

KATERINA HOTEL

ORLANDO

Florida Rental Application

PROPERTY APPLYING FOR UNIT#: _____

Please indicate for length of stay:

Month to Month or 3 Months or 6 Mths.

Personal Information

Full Name _____ Birth Date _____ Social Security # _____

Driver's License # / State _____ Phone # _____ Email _____

Roommates / Other Occupants

Full Name - First, Middle, Last	Birth Date	Relationship to You

Rental History

Please list your three most recent addresses or from the past five years.

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

Income

Please list employment from the past five years & other sources of income.

Employment History

	Current Employer	Previous Employer	Previous Employer
Employed by			
Position			

Dates of Employment (From..To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

Other Income Sources

Type	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #

Emergency Contact Information

Name _____ Phone # _____ Relationship _____
 Address - Street, City, State, Zip _____

Vehicles

Make & Model	Year	Color	Plate #	State

Other Information

Have you ever been evicted? Yes No

If yes, when & why _____

Have you ever been convicted of a felony? Yes No

If yes, when & why _____

Have you ever filed for bankruptcy? Yes No

If yes, when & why _____

Do you currently smoke? Yes No

Do you have any pets? Yes No

If Yes, please list each Type, Breed & Approx. Weight _____

How did you learn about us? _____

Agreement & Consent to Background Check

I believe that the statements I have made are true and correct. I hereby authorize the verification of information I provided, communication with any and all names listed on this application and for the issuer of this form to conduct a background check to obtain additional information on credit history, criminal history and all Unlawful Detainers. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or in part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund.

Signature: _____ Date: _____

CO-SIGNER

By signing this form, the Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Personal Information

Full Name _____ Birth Date _____ Social Security # _____
Driver's License # / State _____ Phone # _____ Email _____
Current Employer Name / Phone # _____

Co-signing for

Full Name _____ Unit Applied for _____

It is hereby agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder's tenancy, even if the tenancy is extended and/or changed in its terms.

Signature: _____ Date: _____