



AM & PM TM

Asset Marketing & Property Management, Inc.

21202 Olean Blvd., Suite A-4

Port Charlotte, FL 33952

A FLORIDA LICENSED REAL ESTATE BROKERAGE CORPORATION

Voice: 941-743-4000

Toll Free: 888-701-4001

Fax: 941-624-3000

E-mail: Jayne@amprentals.com

A \$75.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.
IF MORE THAN 3 APPLICANTS OVER THE AGE OF 18 ARE APPLYING THEN A \$100.00 NON-REFUNDABLE FEE IS REQUIRED. *NO PERSONAL CHECKS*****
*****CASH, CASHIERS CHECK OR MONEY ORDER ONLY*****

Property located at: _____

Monthly Rental Rate: \$_____ Property Manager: _____

APPLICANT #1

RESIDENTIAL HISTORY

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Telephone: _____ Email Address: _____

Current Landlord: _____ Phone #: _____

Date of Residence: FROM: _____ TO: _____

Reason for Leaving: _____

If at the current address for less than 2 years please complete the following:

Previous Address: _____

Previous Landlord: _____ Phone #: _____

Date of Residence: FROM: _____ TO: _____

EMPLOYMENT HISTORY

Current Employer: _____

Address: _____

Phone Number: _____ Supervisor: _____

Employment Date: FROM: _____ TO: _____

Current Salary: \$_____ (Please circle: weekly, bi-weekly, monthly)

IF AT THE CURRENT EMPLOYER LESS THAN 2 YEARS PLEASE COMPLETE THE FOLLOWING:

Previous Employer: _____

Address: _____

Phone Number: _____ Supervisor: _____

Employment Date: FROM: _____ TO: _____ Weekly Salary: \$_____

APPLICANT #2

RESIDENTIAL HISTORY

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Telephone: _____

Current Landlord: _____ Phone #: _____

Date of Residence: FROM: _____ TO: _____

Reason for Leaving: _____

If at the current address for less than 2 years please complete the following:

Previous Address: _____

Previous Landlord: _____ Phone #: _____

Date of Residence: FROM: _____ TO: _____

EMPLOYMENT HISTORY

Current Employer: _____

Address: _____

Phone Number: _____ Supervisor: _____

Employment Date: FROM: _____ TO: _____

Current Salary: \$_____ (Please circle: weekly, bi-weekly, monthly)

IF AT THE CURRENT EMPLOYER LESS THAN 2 YEARS PLEASE COMPLETE THE FOLLOWING:

Previous Employer: _____

Address: _____

Phone Number: _____ Supervisor: _____

Employment Date: FROM: _____ TO: _____ Weekly Salary: \$_____

APPLICANT #3

RESIDENTIAL HISTORY

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Telephone: _____

Current Landlord: _____ Phone #: _____

Date of Residence: FROM: _____ TO: _____

Reason for Leaving: _____

If at the current address for less than 2 years please complete the following:

Previous Address: _____

Previous Landlord: _____ Phone #: _____

Date of Residence: FROM: _____ TO: _____

EMPLOYMENT HISTORY

Current Employer: _____

Address: _____

Phone Number: _____ Supervisor: _____

Employment Date: FROM: _____ TO: _____

Current Salary: \$_____ (Please circle: weekly, bi-weekly, monthly)

IF AT THE CURRENT EMPLOYER LESS THAN 2 YEARS PLEASE COMPLETE THE FOLLOWING:

Previous Employer: _____

Address: _____

Phone Number: _____ Supervisor: _____

Employment Date: FROM: _____ TO: _____ Weekly Salary: \$_____

OTHER THAN APPLICANTS, WHO WILL OCCUPY THE RESIDENCE

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTOMOBILE INFORMATION:

Year	Make	Model	Plate Number/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL:

- | | YES | NO |
|--|-------|-------|
| 1. Has any applicant ever been evicted or had a lawsuit for eviction filed against them? | _____ | _____ |
| 2. Has any applicant ever been convicted of a felony? | _____ | _____ |
| 3. Has any applicant ever declared bankruptcy? | _____ | _____ |
| 4. If yes, when was the bankruptcy discharged? Date: _____ | | |
| 5. Does applicant have any pets? | _____ | _____ |
| 6. If yes, please list pet(s) _____ | | |

ASSET MARKETING & PROPERTY MANAGEMENT, INC. is an agent for the Owner of this property. The approval of this application rests with the Owner. As part of this application we will order a credit report, conduct a criminal background check, to include searching any state's sex offender ("Megan's Law") database for all applicant names as well as to verify all of the information provided on this application.

This application is part of the lease and should anything listed in this application be misrepresented we will consider that action a breach of the lease and any and all funds collected as deposits or application fees will be forfeited.

AS PART OF THIS APPLICATION WE NEED A COPY OF YOUR DRIVERS LICENSE OR STATE ISSUED PHOTO ID.

The undersigned represents that the above statements supplied in this application are true and correct.

APPLICANT #1

DATE

Print Name

APPLICANT #2

DATE

Print name

APPLICANT #3

DATE

Print Name

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
TENANT SCREENING PURPOSES**

In connection with my application for tenant purposes, I hereby authorize ASSET MARKETING & PROPERTY MANAGEMENT, INC. to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above.

I further authorize and permit the rental owner or manager to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

I understand that this report is subject to federal law. The Fair Credit Reporting Act (FCRA), and that I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act". According to the FCRA, I am entitled to know if tenancy is denied because of information contained in a consumer report and if tenancy is denied, I will be notified and provided with the name and address of the consumer reporting agency.

I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT:

Last Name	First Name	Middle Initial
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Other Name(s) Used (attached additional if needed)	Date(s) You Stopped Using Other Name(s)
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Current Street Address	City	State	Zip Code
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Date of Birth	Social Security Number
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Current Driver License Number	State of Issue	Expiration Date
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Applicant Signature	Today's Date
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