

E.F.N. Properties

1220 NW 12 Street ♦ Gainesville, FL 32601
352.371.3636(Phone) ♦ 352.338.1261 (facsimile) ♦ rentals@efnproperties.com (email)

RENTAL APPLICATION

Note: Each unrelated resident over 18 years of age must complete an application and provide a government issued picture ID. Please print clearly and legibly. Failure to do so could delay or nullify your application.

Rental Location desired:

Centerpoint _____ Upstairs _____ Downstairs _____

--or-- House Address: _____

Desired Lease Start Date: _____ Desired Lease Length in Months: _____

PERSONAL DATA

Name: _____ Date of Birth: ____ / ____ / ____ S.S. # ____ - ____ - ____

Drivers License #: _____ State: _____ Exp. Date: ____ / ____ / ____

Spouse: _____ Date of Birth: ____ / ____ / ____ S.S. # ____ - ____ - ____

Drivers License #: _____ State: _____ Exp. Date: ____ / ____ / ____

Present Address: ^{Street} _____ City _____ State _____ Zip _____

How long at current address? _____

Home Phone Number: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____ Work Phone: (____) _____ - _____

Check all applicable items:

Legal Status: Single _____ Married _____ Divorced _____ Widowed _____ **Sex:** M _____ F _____ **U.S. Citizen:** Yes ___ No ___

**Non-US Citizens must provide a copy of proof of lawful status including, but not limited to: Green Card [form I551], VISA, or SEVIS I20.*

Student: Yes _____ No _____ **School:** UF _____ SFCC _____ Other (specify) _____

Pets: No _____ Cats _____ (list quantity) Dogs _____ (list quantity & breed)

**Please note that due to insurance regulations we are not able to accommodate the following breeds of dog: Akita, Chow, Doberman, Pit Bull, Rottweiler, American Staffordshire Terrier, Wolf Hybrid, or any mix of these breeds. Limit 2(two) pets per unit.*

List all previous landlords and residences:

Current Leasing Co. Name: _____ Leasing Office Address: ^{Street address} _____
City _____ State _____ Zip _____ Lease Start & End Dates: _____

Leasing Co. Telephone No: (____) _____ Leasing Co. Fax No. (____) _____

Complex at which you lived: _____ Street Address : ^{Street address} _____ Apt. # _____
City _____ State _____ Zip _____

Previous Leasing Co. Name: _____ Leasing Office Address: ^{Street address} _____
City _____ State _____ Zip _____ Dates you resided there: _____

Leasing Co. Telephone No: (____) _____ Leasing Co. Fax No. (____) _____

Complex at which you lived: _____ Street Address : ^{Street address} _____ Apt. # _____
City _____ State _____ Zip _____

Previous Leasing Co. Name: _____ Leasing Office Address: ^{Street address} _____
City _____ State _____ Zip _____ Dates you resided there: _____

Leasing Co. Telephone No: (____) _____ Leasing Co. Fax No. (____) _____

Complex at which you lived: _____ Street Address : ^{Street address} _____ Apt. # _____
City _____ State _____ Zip _____

OCCUPATIONAL DATA

Present Employer: _____ Phone: (____) _____ - _____

Position: _____ Name of Supervisor: _____

Work Address: ^{Street} _____ City/State _____ Zip _____ Length of Employment: _____

Monthly Income (pay check amount): _____

Previous Occupation (if at Present Occupation less than one year only):

Previous Employer: _____ Phone: (____) _____ - _____

Continued on other side. . .

OCCUPATIONAL DATA (continued)

Position: _____ Name of Supervisor: _____

Work Address: Street _____ City/State _____ Zip _____ Length of Employment: _____

Monthly Gross Income: _____

Spouse's Occupation:

Present Employer: _____ Phone: (____) _____ - _____

Position: _____ Name of Supervisor: _____

Work Address: Street _____ City/State _____ Zip _____ Length of Employment: _____

Monthly Gross Income: _____

PERSONAL REFERENCES (Students must list Parents or Guardians)

Name: _____ Address: _____ Phone: (____) _____ - _____

Name: _____ Address: _____ Phone: (____) _____ - _____

EMERGENCY CONTACT (at least one must be completed)

Name: _____ Relationship: _____ Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Name: _____ Relationship: _____ Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

List Name & Age of All Persons Who Will Reside In Rental Unit:

1: _____ 2: _____

3: _____ 4: _____

List ALL Vehicles to be Kept on Property (include all cars, trucks, boats, motorbikes, etc.)

Make: _____ Year: _____ Model: _____ Color: _____ Tag #: _____

Make: _____ Year: _____ Model: _____ Color: _____ Tag #: _____

Have you ever filed for Bankruptcy? Yes ___ No ___ *If Yes, Explain:* _____

Have eviction proceedings ever been filed against you? Yes ___ No ___ *If Yes, Explain:* _____

Have you ever been charged or arrested for, convicted of, put on probation for, or had adjudication withheld or deferred for a crime? Yes ___ No ___ *If Yes, Explain:* _____

AUTHORIZATION: I (we) certify that the information contained in this rental application is true, correct, and complete and hereby authorize *E.F.N. Properties* to verify said. I (we) understand that *E.F.N. Properties* will conduct full background checks including but not limited to verification of credit, bank accounts, employment, eviction, rental history and criminal offense or any other that is relevant for processing of this application and such checks are hereby authorized. I (we) further authorize *E.F.N. Properties* to use reproductions of my (our) signature on this or any other form in order to conduct background checks and hereby authorize third parties to release information to *E.F.N. Properties* upon *E.F.N. Properties'* request. In the event that any of the above information is false, incomplete or that my (our) credit or any other relevant information does not meet the guidelines set forth by *E.F.N. Properties*, *E.F.N. Properties* shall have the right to terminate any agreement entered into, including a lease, whether I (we) have taken possession of a unit or paid any monies.

Signature

Print name clearly and legibly

Date

Signature

Print name clearly and legibly

Date