## **RENTAL APPLICATION**

Point of Contact:
Guevara Raymond (561) 715-1378 Ericka Raymond (954) 552-2211
(934) 332-2211
This application is made to rent <u>ONE ROOM</u> for a term for (duration).
Desired date of occupancy:
Reason for moving:
The rent shall be \$ per month, payable on the 1st day of each month. A late fee (10%)
will be applied to any payment received after the 5 <sup>th</sup> day of the month. If payment is not received
before the 15 <sup>th</sup> of the month, the licensee agreement will be TERMINATED.
A Security Deposit of \$ is required before move-in.
An application fee of \$45.00, which is NON-REFUNDABLE is due with this application.
Visit. www.pinehillsolutions.com to access application online. Complete and send to ericka@pinehillsolutions.com or guevara@pinehillsolutions.com
The applicant understands and agrees that if this application is accepted and the applicant fails to execute a licensee agreement before the date specified above, or to pay the required deposit and first month's rent, the application deposit will be forfeited as liquidated damages.
The applicant understands that the Landlord may perform a credit check to verify the applicants credit references and credit history in connection with the processing of this rental application.

## **APPLICANT INFORMATION**

Name:			
Date of Birth:			
Phone No.:			
Email:			
No. of occupants: 1			
Smoker: Y	N		
PRESENT ADDRES	<b>SS</b> :		
How long at present a	nddress:		
Home phone no.:			
Landlord's name:			
Landlord's phone no.			
Current rent payment	:	<del></del>	
Reason for moving: _			
PRIOR ADDRESS:			
	lress:		
Landlord's name:			
Phone no.:			
Rent payment:			
Social Security No.:			
Driver's License No.:			
Vehicle Model:	Vehicle	Make:	Year:
SOURCES OF INC	OME:		
Income: \$	wkly/bi-wkly/monthly		
Salary: \$	annually		
Gov't assistance: \$			

Child	support/Alimony: \$	
Other	: \$	
	RENT EMPLOYER:	
Empl	oyer:	
Positi	on:	How Long:
Super	visor name:	Phone:
Annu	al Income:	
PRIC	OR EMPLOYER:	
Emple	oyer:	
Position: How Long: _		How Long:
Supervisor name:		Phone:
Annu	al Income:	
Name Addre	ess:	
Home	Phone No.:	
Relati	onship:	
	SONAL REFERENCES:	
1.	Name:	Phone:
	Relationship:	
2.		Phone:
	Relationship:	
3.	Name:	Phone:
	Relationship:	
]	The information provided in this applies Hill Home Solutions is author	oplication is true and correct to the best of my knowledge. ized to verify the references and employment given in this check. I will obtain a copy of this application upon request.
Appli	cant Signature:	Date:

It is against the law to discriminate against prospective tenants on the basis of race, religion, national origin, age, disability, or family status. Local or state laws may include additional classes which are protected from discrimination in housing.