RESIDENTIAL RENTAL APPLICATION

For inquiries about the rental property, please contact Tom Sullivan at:
Email Address: ts@f9in.com
Phone: (804) 267-9182

RENTAL PROPERTY

Rental Property Address: 1771 Purdy Ave, Floor 2, Miami Beach, FL 33139, USA
Date of Availability: February 1, 2027
Type of Lease Term: Fixed term
Minimum Term of Lease: 12 months
Monthly Rent Payment: $25,000.00
Initial Security Deposit: $25,000.00

APPLICANT'S PERSONAL INFORMATION

Name: _____
Email Address: _____
Home Phone: (_____) _____ Alternative Phone: (_____) _____
Date of Birth: _____Social Security Number: _____
DESIRED MOVE-IN DATE: _____

CO-APPLICANT'S PERSONAL INFORMATION *(if applicable)*

Name: _____
Email Address: _____
Home Phone: (_____) _____ Alternative Phone: (_____) _____
Date of Birth: _____Social Security Number: _____

OTHER OCCUPANTS' INFORMATION *(if applicable)*

Name: _____
Relation to Applicant: _____Date of Birth: _____

Name: _____
Relation to Applicant: _____Date of Birth: _____

RENTAL HISTORY

I. **Current Residence**

Current Address: _____
How long have you been residing at this address? _____
Monthly Rent: _____
Landlord's Name: _____
Landlord's Contact Number: _____
Reason(s) for leaving this property:
_____
_____

II. **Previous Residence** *(If applicable)*

Previous Address: _____
How long did you stay at this address? _____
Monthly Rent: _____
Landlord's Name: _____
Landlord's Contact Number: _____
Reason(s) for leaving this property:
_____
_____

Have you ever been evicted from a rental residence?	Yes	No
Have you missed two or more rental payments in the past 12 months?	Yes	No
Have you ever refused to pay rent when due?	Yes	No

If you have answered YES to any of the above, please state your reasons and/or circumstances:
_____
_____
_____

EMPLOYMENT DETAILS

I. **Current Employment**

Employment Status: [ ] Full-Time [ ] Part-time [ ] Student [ ] Unemployed [ ] Retired
Current Employer: _____

Supervisor's Name: _____
Phone: (_____) _____
Job Title: _____
Date Hired: _____
Monthly Income: $ _____

Other Sources of Income:

_____
_____
_____

II. **Previous Employment**

Previous Employer (if any): _____
Supervisor's Name: _____
Phone: (_____) _____
Job Title: _____
Period of Employment: _____

PROOF OF INCOME

The applicant is required to attach proof of their income to this rental application form. Acceptable documentation includes pay stubs, employer's letter/certificate, bank statements or copies of the previous year's tax return.

CREDIT HISTORY AND BACKGROUND CHECK AUTHORIZATION

Have you declared bankruptcy in the past seven (7) years? Yes No
Do you consent to a credit check? Yes No
Is there anything that we may find in our **credit** check that you want to comment on?

_____
_____
_____

CRIMINAL BACKGROUND CHECK AUTHORIZATION

Do you consent to a criminal check? Yes No

Is there anything that we may find in our **criminal** check that you want to comment on?

_____

_____

_____

ADDITIONAL INFORMATION

I. **PETS**

The Landlord allows pets in the rental property with no restrictions.

II. **SMOKING**

The Landlord does not allow smoking of cigarettes in the rental property.

III. **WATERBEDS**

The Landlord does not allow the use of waterbeds on the premises.

IV. **PARKING**

The rental property includes 2 parking spaces in the form of Indoor Parking in building for the tenant's use.

Will you bring a vehicle? Yes No

I declare that the information I have provided is true and correct, and contains no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and the Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all available remedies.

The Applicant authorizes the Landlord to verify all references and facts, including but not limited to current and previous landlords, employers and personal references. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of the application.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____