

# RENTAL APPLICATION

Kathy and David Bliesner

P.O. Box 487

Indian Rocks Beach, FL 33785

727-421-8722

[rentals@rentirb.com](mailto:rentals@rentirb.com)

	<b>First Applicant Information</b>
*Name:	
*SSN:	
*Phone:	
*Date of Birth:	
*Email Address:	
*Current Address:	
Date In:	
Date Out:	
*Owner/Manager Name:	

*Owner/Manager Phone:	
*Reason for Moving:	
*Current Employer:	
Position:	
Supervisor Name:	
Supervisor Phone:	
Salary:	
Length of Employment:	
	<b>Second Applicant Information</b>
*Name:	
*SSN:	
*Phone:	
*Date of Birth:	
*Email Address:	
*Current Address:	

Date In:	
Date Out:	
*Owner/Manager Name:	
*Owner/Manager Phone:	
*Reason for Moving:	
*Current Employer:	
Position:	
Supervisor Name:	
Supervisor Phone:	
Salary:	
Length of Employment:	
	<b>Additional Information</b>
*Automobile	
Year:	

Make:	
Model:	
License Plate Number:	
State:	
Color:	
Other Proposed Occupants (under 18)	
Name:	
Age:	
Relationship:	
Pet Names and Types:  (\$350 <b>non-refundable</b> pet fee. This applies to each pet)	
	<b>*Supplemental Information</b>
Have you ever been evicted or asked to move? If so, please explain:	

Have you ever filed for bankruptcy?	
References (3 total): (One of which must be a previous landlord or parent/guardian)	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

**\*Please provide with this application:**

**\*Proof of Income for one week for each applicant**

**\*A copy of Driver's License for each applicant**

**\*\*A signed and dated "Consent to Obtain Information" form (enclosed)**

**\*\*A \$50.00 non-refundable application processing fee per applicant.**

**An application will not be considered complete until all of the above are received.**

**\*Consent to Obtain Information**

As a material inducement to be considered as a tenant for the premises, I herewith consent to and authorize David M. Bliesner, or Kathy K. Bliesner to contact all references named in this application, and to conduct a credit review (if necessary) including obtaining my credit report from any authorized credit reporting agency. I declare under penalty of perjury that the information listed in this application is true and correct.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, in the city of Indian Rocks Beach, Florida.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**\*Denotes required fields in order to consider this application complete.**

**\*\*An application cannot be processed without the signed consent form and the application fee.**

Please send this completed form to:

Kathy K. Bliesner

P.O. Box 487

Indian Rocks Beach, FL 33785

727-421-8722

727-593-3595 FAX

Or

Email to [rentals@rentirb.com](mailto:rentals@rentirb.com)

**NOTES:**