

# RENTAL APPLICATION

William T Sherman  
17105 S Mill Creek Rd  
Noblesville, IN 46062

This Application is made to rent premises known as:  
Cape Coral Vacation Home  
1109 SE 32nd Ter  
Cape Coral, FL 33904-4213

For a term of \_\_\_\_\_ Days \_\_\_\_\_ Nights.

Desired date of occupancy: \_\_\_\_\_ (Check-In on Saturday 4pm,  
Check-Out Saturday 10am)

The \_\_\_\_\_ rent shall be payable 45 Days in advance.

The following deposits/fees are required:

- \$350.00 security deposit (returned approximately 30 days after checkout)
- \$150.00 cleaning fee will be deducted from the deposit

It is also understood that if the Application is not accepted, or if the premises are not ready for occupancy by the Applicant on the beginning date specified above, the deposit shall be returned to the Applicant, upon the Applicant's request.

The Applicant understands that the Landlord may perform a credit check to verify the Applicant's credit references and credit history in connection with the processing of this Rental Application.

Name: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

How long: \_\_\_\_\_  
Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Landlord's Name: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_

No. of occupants: Adults: \_\_\_\_\_ Children: \_\_\_\_\_  
Smokers: Yes \_\_\_\_\_ No \_\_\_\_\_ (No Smoking Allowed Inside)  
Business Phone: (\_\_\_\_) \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_

How long: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License No.: \_\_\_\_\_

**NEAREST RELATIVE NOT LIVING WITH YOU:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

**PERSONAL REFERENCES:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

**IF A SECOND FAMILY WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE A SEPARATE RENTAL APPLICATION FORM.**

Please provide names of other tenants, including children and anyone who will live with you, even if on a temporary basis.

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
How long: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Adult: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Occupation: \_\_\_\_\_ School: \_\_\_\_\_

**CO-SIGNER INFORMATION**

(If someone else will be paying rent, but not actually occupying the premises.) Please complete for sole purpose of allowing Landlord to do a credit check.

Name: \_\_\_\_\_  
**PRESENT ADDRESS:** \_\_\_\_\_  
How long: \_\_\_\_\_  
Home Phone No.: (\_\_\_\_) \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_

**PERSONAL REFERENCES:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

