



RENTAL APPLICATION

Sundance Rental Management, Inc.
650 N. Beal Parkway, Fort Walton Beach, FL 32547-3577
Sundance-rentals.com
ms@sundance-rentals.com
(850) 863-3292 (850) 862-3440 FAX



How did you learn about us? _____

In order to process this Application I/We:

- 1) **MUST** have a copy of Driver's License attached, ALL Applicants
- 2) **MUST** be able to get Satisfactory Credit Report
- 3) **MUST** be able to verify Good Housing References
- 4) **MUST** be able to verify Stable Employment History

Non-Refundable CASH Application Fee of:
\$40.00 per person

Please Initial
That you have read
and Understand
our Rental Policy

FOR OFFICE USE ONLY

Start/End Date _____
 Deposit/Rent _____
 N/R Pet Fee \$ _____ if app
 Year Amount _____
 Date Lease Sign _____
 Clauses _____
 Credit pulled on _____

ALL Persons over 18 years old Must Complete ALL Information - including SIGNATURE and Copy of Driver's License

Date _____ Property Address Applying For: _____

What Date do you want to Move In? _____ Have you been inside? _____ How long do you plan to rent? _____

If you are currently under a lease when does it expire? _____ Will you be awaiting base housing? YES NO

1 ST APPLICANT	2 ND APPLICANT
LEGAL NAME: _____	LEGAL NAME: _____
SSN# _____ DL# & State _____	SSN# _____ DL# & State _____
Date of Birth _____ Phone # _____	Date of Birth _____ Phone # _____
Work Phone # _____ Cell # _____	Work Phone # _____ Cell # _____
Email Address _____	Email Address _____
PETS – Yes _____ NO _____ PHOTO ATTACHED.	PETS – Yes _____ NO _____ PHOTO ATTACHED.
Quan/Name/Breed/Age/Wt _____	Quan/Name/Breed/Age/Wt _____
HOUSING HISTORY, PAST FIVE (5) YEARS <small>(MOST RECENT FIRST, Can NOT be a Relative)</small>	HOUSING HISTORY, PAST FIVE (5) YEARS <small>(MOST RECENT FIRST, Can NOT be a Relative)</small>
Address: _____ <small>Including APO address</small>	Address: _____ <small>Including APO address</small>
City, State, Zip _____ <small>Apartment Complex if Applicable</small>	City, State, Zip _____ <small>Apartment Complex if Applicable</small>
LANDLORD Name _____ Phone _____	LANDLORD Name _____ Phone _____
Monthly Rent _____ DATE MOVE IN _____ OUT _____	Monthly Rent _____ DATE MOVE IN _____ OUT _____
Reason for Moving _____	Reason for Moving _____
Address: _____ <small>Including APO address</small>	Address: _____ <small>Including APO address</small>
City, State, Zip _____ <small>Apartment Complex if Applicable</small>	City, State, Zip _____ <small>Apartment Complex if Applicable</small>
LANDLORD Name _____ Phone _____	LANDLORD Name _____ Phone _____
Monthly Rent _____ DATE MOVE IN _____ OUT _____	Monthly Rent _____ DATE MOVE IN _____ OUT _____
Reason for Moving _____	Reason for Moving _____
Additional Information	Additional Information
_____	_____
_____	_____

***** LIST ALL PEOPLE (Other Than Applicant 1 & Applicant 2) WHO WILL BE LIVING WITH YOU *** If No One-PUT No One**

NAME	RELATIONSHIP to applicants	AGE
NAME	RELATIONSHIP to applicants	AGE
NAME	RELATIONSHIP to applicants	AGE

**** List ALL Vehicles to be kept at residence Including BOATS, TRAILERS, MOTORCYCLES & RVs****

LICENSE PLATE & STATE _____

MAKE _____

MODEL _____

COLOR _____

YEAR _____

Past FIVE (5) years Employment History(most recent first) 1ST Applicant	Past FIVE (5) years Employment History(most recent first) 2ND Applicant
Employer _____ Address _____ Job Title/Squadron: _____ Rank/Grade _____ Supervisor/First Sergeant: Name _____ Phone _____ Dates of Employment _____ If Self Employed-Business Name & How long in Operation? _____	Employer _____ Address _____ Job Title/Squadron: _____ Rank/Grade _____ Supervisor/First Sergeant: Name _____ Phone _____ Dates of Employment _____ If Self Employed-Business Name & How long in Operation? _____
Employer _____ Address _____ Job Title/Squadron: _____ Rank/Grade _____ Supervisor/First Sergeant: Name _____ Phone _____ Dates of Employment _____ If Self Employed-Business Name & How long in Operation? _____	Employer _____ Address _____ Job Title/Squadron: _____ Rank/Grade _____ Supervisor/First Sergeant: Name _____ Phone _____ Dates of Employment _____ If Self Employed-Business Name & How long in Operation? _____
Additional Information	Additional Information
Bank Name _____ Bank Address _____ <p align="center"><u>In Case of Emergency Contact-SOMEONE OTHER THAN SPOUSE</u></p> Name _____ Complete Address _____ Phone _____ Relationship _____	Bank Name _____ Bank Address _____ <p align="center"><u>In Case of Emergency Contact- SOMEONE OTHER THAN SPOUSE</u></p> Name _____ Complete Address _____ Phone _____ Relationship _____

Have you ever applied to rent from us before?	YES	NO	IF Yes, Year?	
Have you ever been 3 days Late w/Payment?	YES	NO	IF Yes, Year?	
Have you ever willful/intentional refused to pay?	YES	NO	IF Yes, Year?	
Have ever had an Eviction Filed against you?	YES	NO	IF Yes, Year?	
Have you ever broken a Lease agreement?	YES	NO	IF Yes, Year?	
Have you ever been Convicted of a Crime?	YES	NO	IF Yes, Year?	
Have you ever Filed Bankruptcy?*	YES	NO	IF Yes, Year?	

** We MUST Verify that it has been Discharged for a minimum of 3 yrs.

Have you given Proper Notice to your Landlord?	YES	NO	Do you anticipate getting any/additional Pets?	YES	NO
Do you use a Vacuum Cleaner?	YES	NO	Does anyone smoke tobacco products?	YES	NO
Do you use an Ironing Board?	YES	NO	Do you know how to change the A/C Filter?	YES	NO
Do you use a Cutting Board?	YES	NO	Will you change the A/C filter Monthly?	YES	NO
Do you use a Mower/Edger/Weed Eater?	YES	NO			

Explanation for any of the above answers:

THIS WILL CERTIFY THAT ONLY THOSE PERSONS AND/OR PETS MENTIONED IN THIS APPLICATION WILL OCCUPY PREMISES. WE UNDERSTAND THAT IF WE ACQUIRE ADDITIONAL PETS, OR IF UNIT IS OCCUPIED BY ADDITIONAL PEOPLE, WE WILL BE VOLUNTARILY BREAKING OUR LEASE.

I declare that the forgoing information is true and correct and that I have read and understand the Rental Requirements stated in Sundance's Rental Policy. I also authorize the verification of my information and give authority to obtain information regarding my financial responsibility from a Credit Reporting Agency. I understand and agree to a Credit Report, Housing Verification, Employment History and Criminal Background check being performed in order to process this application. I authorize the release of my information to an owner who will be managing the property directly. I will not hold current or former Landlords or Employers liable for providing such information. I agree that Sundance Rental Management, Inc., may terminate any agreement entered into in reliance on any misstatement made above. I have paid a Non-Refundable fee in the form of **CASH** to Sundance Rental Management, Inc., as reimbursement for any expenses that may be incurred in verifying the information. This application is Preliminary Only and does not obligate Owner or Owner's Agent to execute a Lease or deliver possession of the proposed premises. Keys will be furnished only after the Lease Agreement and all other Rental Documents have been properly executed by all parties and after all applicable Rental Payments and Security Deposits have been paid in full. Your signature gives permission to contact your Commander in the event of non-compliance with any and all terms of the Lease.

Witness Signature Above

1st Applicant Signature Above

Witness Signature Above

2nd Applicant Signature Above