Phone 239-850-3060 Fax- 239-791-1234



Vehicle information

Make/Model

Vin-Starr Realty LLC 1625 SE 46Th St Suite 3 A Cape Coral FI 33904 OPRHC RENTAL APPLICATION

E-Mail Don@vinstarr.com

Equal Housing Opportunity

Incomplete applications will delay processing. Owner/Manager may require additional information. The undersigned hereby makes application to rent unit # located at beginning on at a monthly rent of \$ and security deposit of \$ Anticipated move in date of	Please check to make si	ure we have complet	your application before submit e information and phone numb	ers so we may exped	lite your application	ation quickly.
beginning on at a monthly rent of \$ and security deposit of \$		100	4 4		normation.	
Anticipated move in date of	i ne undersigned nere	by makes applicat	ion to rent unit #	_ located at	- 0 0	
PLEASE TELL US ABOUT YOURSELF Full Name	beginning on	at a month	y rent of S ar	na security deposit	01.2	
Full Name	Anticipated move in	date of				
Date of Birth Social Security # Email Address Other Phone () Name of Co-Applicant Date of Birth Social Security # Dependents depondent State Security # Dependents depondent Se	PLEASE TELL US A	BOUT YOURSELI	Ŧ			
Email Address Other Phone () Name of Co-Applicant Social Security # Dependents Date of Birth Social Security # Dependents date of birth List All Pets Min \$200.00 per pet non refundable deposit with owner approval PLEASE GIVE RESIDENTIAL HISTORY (past 3 years, list current first) Current Address Apt# City State Zip Month & year moved in Reasons for leaving Rent \$ Current Address (last 3 years) Phone () Previous Address (last 3 years) Phone () Previous Owner/Agent Phone () PLEASE GIVE YOUR EMPLOYMENT INFORMATION Your Status Full Time Part Time Student Unemployed Employer/ School Dates employed Employed as Supervisor Name Phone () Salary \$ per If employed by above less than 12 months, give name & phone of Previous Employer / School If there is other sources of income you would like us to consider, please list income, source, and person (banker, employer, or et who we could contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application. Amount \$ Source/Contact Name Other annual income \$ Source/Contact Name PLEASE LIST YOUR REFERENCES Banking Accounts: Name Type of Account Personal Reference or Emergency Contact;	Full Name			Home Phone (()	
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Year

License Plate

State

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Where may we rea	ch you to discuss this application	on?
Day Phone # ()	Night Phone # ()
Cell Phone # ()	email address:
The Application fee	will be \$ 75.00 , Ap	plication fees are not refundable. Applicants income must be equal to 3 time
I hereby deposit \$_Upon acceptance of agree to execute a lethe move in date. If hereby waiving any of your procedure for	as earnest money to this application, this deposit sha ease for 12 months months be the application is not approved claim for damages by reason of or processing my application, an	rent per month coming into household. be refunded to me if this application is not accepted in 3 business banking days. Il be retained as part of the security deposit. When so approved and accepted, I fore possession is given and to pay the balance of the security deposit prior to and accepted by the owner or agent, the deposit will be refunded, the applicant non-acceptance which the owner or agent may reject. I recognize that as a part investigative consumer report may be prepared whereby information is obtained
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I hereby deposit \$_Upon acceptance of agree to execute a le the move in date. If hereby waiving any of your procedure fe through personal int general reputation, p. The above information of the purposes of other required rental Name (please print)	as earnest money to this application, this deposit sha tase for 12 months months be the application is not approved claim for damages by reason of or processing my application, an erviews with others with whom personal characteristics and modernation is true and correct. Name of Applicant investigation of my credit, tenerenting this apartment, and for a close out information.	be refunded to me if this application is not accepted in 3 business banking days. If be retained as part of the security deposit. When so approved and accepted, I fore possession is given and to pay the balance of the security deposit prior to and accepted by the owner or agent, the deposit will be refunded, the applicant non-acceptance which the owner or agent may reject. I recognize that as a part investigative consumer report may be prepared whereby information is obtained I may be acquainted. This inquiry includes information as to my character, and I living. (Lease must be signed with in three days of acceptance) Date AUTHORIZATION Release of Information and history, banking, employment, criminal background, and any other screening the building owner/manager to provide our rental referral service your name and 1.Application Fee \$75.00 Per Adult 2.Must include proof of employment Check stubs ect 3. First months rents ,Last months rent and security To occup 4.\$75.00 Lease Fee 5.Pet Deposit Min \$200 per with owner approval