Laurel Park Management, Inc.
Rental Application
235 S. Osprey Ave.
Sarasota, FL 34236
P: 941-650-0007
F: 941-955-0990
E: devin.bbllc@gmail.com

PERSONAL INFORMATION:

Applicants Full Name _____ Date of Birth_____
            Last   **First**   **Middle**

Cell Number_____ Work Number_____
Social Security No._____ Drivers License No._____State_____
Applicant EMAIL (for office use only): _____

Co-Applicants Full Name _____ Date of Birth_____
            Last   **First**   **Middle**

Cell Number_____ Work Number_____
Social Security No._____ Drivers License No._____State_____

RESIDENTIAL HISTORY:

Current Address_____
Length at Residence_____Monthly Payment $_____ Landlord Name_____
Landlord Telephone_____

Co-Applicant Adddress_____
Length at Residence_____ Monthly Payment $_____ Landlord Name_____
Landlord Telephone_____

EMPLOYMENT INFORMATION

Current Employer_____ Length of Employment_____
Telephone_____ Supervisor Name_____ Gross Monthly Salary $_____

Co-Applicant Employer_____ Length of Employment_____
Telephone_____ Supervisor Name_____ Gross Monthly Salary $_____
List any additional sources of income_____

PET INFORMATION
Do you own any pets? Yes/ No
Kind of pet _____ Breed_____ Kind of pet_____ Breed_____ Additional_____

OTHER INFORMATION
How did you hear about our properties? (Internet, sign, etc.)

_____

Total Number of Vehicles (Including Company Vehicles)_____
Other Car, Motorcycle, etc. (description) _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?   ☐ Yes ☐ No

Been evicted or asked to move out?   ☐ Yes ☐ No   Broken a Lease   ☐ Yes ☐ No
Been sued for damage to rental property? ☐ Yes ☐ No   Declared Bankruptcy?   ☐ Yes ☐ No
I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references I have listed.

_____   _____
Applicant Signature   Co-Applicant Signature

_____   _____
Date   Date