

**For Office Use Only**

Paid By	
Deposited to	



This form must be **completely** filled out. Return to Garrison's by fax, mail or in person.

**Make Checks Payable to Garrisons**

28609 Highway 27 North \* P.O. Box 510, Dundee, FL 33838 \* Phone (863) 439-6550 \* FAX (863) 292-0846 \* www.garrisonproperty.com

Name of Community \_\_\_\_\_ Rental Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(street address) (city) (zip code)

Provide information for each signer of lease / or person living in house over 18 years of age:

1. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last Name First Name MI  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ DL #: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Years Worked: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address of Employment: \_\_\_\_\_  
Occupation / Job Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last Name First Name MI  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ DL #: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Years Worked: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address of Employment: \_\_\_\_\_  
Occupation / Job Title: \_\_\_\_\_

Present Landlord / Manager \_\_\_\_\_ Phone \_\_\_\_\_  
 Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Vehicles Info:

Make	Model	Year	Tag / State

List all persons who will be living with you:

First Name	Last Name	Age	Relationship

Pets Allowed  Yes  No If pets are allowed you must adhere to these restrictions: \_\_\_\_\_

Please list all pets, breed & weights. \_\_\_\_\_  
 Total Number of: \_\_\_\_\_  
 Pets \_\_\_\_\_ Cars in Family \_\_\_\_\_  
 Boats \_\_\_\_\_ Other Vehicles \_\_\_\_\_  
 Other Vehicles Description \_\_\_\_\_  
 Personal References: \_\_\_\_\_ Phone \_\_\_\_\_ Bank Information Name: \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 Checking  
 Savings

I declare that the statements above are true and correct and hereby authorize Garrison Property Services, LLC to make a complete investigation or I also authorize credit and personal References to give full information and records about me. I understand that the above statements will be used in the rental application process and that this application may become a part of the rental agreement / lease.

Signed \_\_\_\_\_ Dated: \_\_\_\_\_  
 Signed \_\_\_\_\_ Dated: \_\_\_\_\_

Use additional pages if necessary.