



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

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

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

Provide information for each signer of lease:

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 _____

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 _____

List all persons who will be living with you:

First Name	Last Name	Age	Relationship

Vehicles Info:
Make Model Year Tag / State

Personal References: Phone
1. _____
2. _____
3. _____

Bank Information Name:

 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: _____

Occupancy Application Form Continued

Applicant 1

1. Name: _____
Last Name First Name MI

Personal Information

In case of emergency, please notify: (Local, Name, Address, Phone Number)

Name Address Phone

Do you have renter's Insurance? Yes No

Reason for Relocation _____

Applicant 2

2. Name: _____
Last Name First Name MI

Personal Information

In case of emergency, please notify: (Local, Name, Address, Phone Number)

Name Address Phone

Do you have renter's Insurance? Yes No

Reason for Relocation _____

****Application must be filed with the Association Office at least 3 days prior to Board Meeting and at least 10 days prior to occupancy.**

1. Review the lease agreement.
2. Review the contract documents.
3. Review the Rules, Regulations and Guidelines.

This information will be used to qualify the candidate(s) for renting this unit.

Consent to Verify Credit and Criminal History

I warrant, to the best of my knowledge, all the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination my Lease with the Owner.

I understand and agree: (i) this is an application to rent only and does not guarantee that I will be offered the Property, and (ii) Landlord or Manager or Agent may accept more than one application for the Property and using their sole discretion, will select the best qualified applicant. I hereby authorize the Landlord or Manager or Agent to verify the information provided and obtain a credit report on me.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____