



RENTAL APPLICATION

Mr./ Mrs./Ms. _____

Current Address: _____ How long? _____

Phone: () _____ Cell Phone: () _____

Current Landlord: _____ Phone: () _____

Employer: _____ Phone: () _____

Auto: Year, make, plate #:) _____

Drivers License: (number and state) _____

(Mr.) _____

(Mrs./Ms.) _____

Number of occupants _____ Do you intend to carry renters insurance? _____

Do you or your spouse smoke? _____

The above information is true and correct (false or misleading information is grounds for lease termination). I hereby authorize Gina Braun or her designated office staff to verify the above information.

Signature: _____ Date: _____

PLEASE MAIL:

Forest Oaks Villas
8125 Forest Villas Circle
Spring Hill, Florida 34606

OR E-MAIL TO: forestoaksvillas@gmail.com

OR FAX TO: (352) 686-9980