



Homes for Independence

Part of the ServiceSource Network

RENTAL APPLICATION

2735 Whitney Road
Clearwater, FL 33760

main 727-538-7370
fax 727-538-7387

800 N. Fiske Blvd #501
Cocoa, FL 32922

main 321-632-4542
fax 321-631-8644

www.ourpeoplework.org

Area Desired _____
Check One St. Petersburg Clearwater
Do you need 1 BR 2BR 3BR

Full Name (Last, First, M.I.) _____

Social Security # _____ Date of Birth _____

Sex _____ Marital Status _____

Gross Anticipated Annual Income _____

Occupation _____

Spouse/Co-Applicant _____

Social Security # _____ Date of Birth _____

Sex _____ Marital Status _____

Gross Anticipated Annual Income _____

Occupation _____

Others Residing in Unit

Full Name	Social Security Number	Relationship to Head	DOB	Sex	Income	Occupation	Full Time Student
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APPLICANT INFORMATION

Present Address

Street _____ Apartment # _____

City _____ State _____ Zip _____ Phone _____

Rent or Own _____ Dates (from) _____ (to) _____ Monthly Payment _____

Landlord/Renter _____ Phone _____

City _____ State _____ Zip _____

Previous Address

Street _____ Apartment # _____

City _____ State _____ Zip _____ Phone _____

Rent or Own _____ Dates (from) _____ (to) _____ Monthly Payment _____

Landlord/Renter _____ Phone _____

City _____ State _____ Zip _____

Are you or any household member a veteran? Yes No



Do you need an accessible unit? _____ Yes _____ No

Current Employer

Name of Company _____ Supervisor _____
City _____ State _____ Zip _____ Phone _____
Dates (from) _____ (to) _____ Anticipated Annual Income _____

Previous Employer

Name of Company _____ Supervisor _____
City _____ State _____ Zip _____ Phone _____
Dates (from) _____ (to) _____ Anticipated Annual Income _____

Bank References

Bank Name	Account type	Account Number	Balance

Other Income (Child Support, Alimony, Family Assistance, etc)

Type _____ Anticipated Annual Income _____

Asset and Asset Income (Savings, IRA, CDs, Stocks, Bonds)

Type _____ Annual Income from Asset _____

Type _____ Annual Income from Asset _____

Type _____ Annual Income from Asset _____

Vehicle Information:

Type _____ Color _____ Model _____ Year _____

Pets (if allowed)

Type _____ Color _____ Weight _____ Age _____ License _____

Emergency Contact (not residing with you)

Name _____ Relationship _____
Street _____ City _____ Zip _____
Phone _____

THE APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CREDIT AND CRIMINAL RECORDS.

APPLICANT

DATE

HOMES FOR INDEPENDENCE, INC. (Management Representative)

DATE

****CO-APPLICANT INFORMATION****

Present Address

Street _____ Apartment # _____
 City _____ State _____ Zip _____ Phone _____
 Rent or Own _____ Dates (from) _____ (to) _____ Monthly Payment _____
 Landlord/Renter _____ Phone _____
 City _____ State _____ Zip _____

Previous Address

Street _____ Apartment # _____
 City _____ State _____ Zip _____ Phone _____
 Rent or Own _____ Dates (from) _____ (to) _____ Monthly Payment _____
 Landlord/Renter _____ Phone _____
 City _____ State _____ Zip _____

Current Employer

Name of Company _____ Supervisor _____
 City _____ State _____ Zip _____ Phone _____
 Dates (from) _____ (to) _____ Anticipated Annual Income _____

Previous Employer

Name of Company _____ Supervisor _____
 City _____ State _____ Zip _____ Phone _____
 Dates (from) _____ (to) _____ Anticipated Annual Income _____

Bank References

Bank Name	Account type	Account Number	Balance

Other Income (Child Support, Alimony, Family Assistance, etc)

Type _____ Anticipated Annual Income _____

Asset and Asset Income (Savings, IRA, CDs, Stocks, Bonds)

Type _____ Annual Income from Asset _____

Type _____ Annual Income from Asset _____

Type _____ Annual Income from Asset _____

Vehicle Information:

Type _____ Color _____ Model _____ Year _____

Pets (if allowed)

Type _____ Color _____ Weight _____ Age _____ License _____

Emergency Contact (not residing with you)

Name _____ Relationship _____

Street _____ City _____ Zip _____

Phone _____

THE CO-APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND
HEREBY AUTHORIZES VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CREDIT AND CRIMINAL
RECORDS.

CO-APPLICANT

DATE

HOMES FOR INDEPENDENCE, INC. (Management Representative)

DATE

Tenant Verification Bureau, Inc. (fees waived)

Applicant:

Name: _____

Address: _____ Apt: _____

City: _____ ST: _____ Zip: _____

Phone: _____

SS# _____ DOB: _____

Income: _____ Yearly Monthly Weekly

Landlord's Name: _____

Landlord's Phone#: _____

Lease Start : _____ Rent: _____

LIST PREVIOUS ADDRESS:

Address: _____

City: _____ ST: _____ Zip: _____

Leased From: _____ to _____

Landlord Name: _____

Landlord Phone: _____

CURRENT EMPLOYMENT

Employer: _____

Phone #: _____

Supervisor: _____

How Long? _____ Pay: _____

Co-Applicant:

Name: _____

Address: _____ Apt: _____

City: _____ ST: _____ Zip: _____

Phone: _____

SS# _____ DOB: _____

Income: _____ Yearly Monthly Weekly

Landlord's Name: _____

Landlord's Phone#: _____

Lease Start : _____ Rent: _____

LIST PREVIOUS ADDRESS:

Address: _____

City: _____ ST: _____ Zip: _____

Leased From: _____ to _____

Landlord Name: _____

Landlord Phone: _____

CURRENT EMPLOYMENT

Employer: _____

Phone #: _____

Supervisor: _____

How Long? _____ Pay: _____

APPLICANT/ TENANT CONSENT

I hereby consent to allow Abilities Inc. of Florida, through its designated agent and its employees, to obtain and verify my credit information, criminal information, and/or eviction information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Abilities Inc. of Florida, and its agent shall have the continuing right to review my credit and criminal information, rental application, payment history, and occupancy history for account review purposes and for improving application review methods.

Applicant Signature

Date

Co-Applicant Signature

Date