### JRES - RESIDENTIAL APPLICATION

Jacob Real Estate Services, Inc.

607 West Bay Street Tampa, Florida 33606 Tel. 813-258-3200 • Fax. 813-254-8168 E-mail: PropertyManagement@JRES.net

Date



Thank you for your interest in our property! Any person is eligible to apply. You can submit your application by visiting our office at the address above during our business hours (M-F, 9:00-5:00pm) or by using our 24-hour mail slot at the front door.

To complete the application process, please submit all of the following:

1.	<b>Complete residential application form.</b> You must include contact numbers for both employment an residence history. Be sure to sign the second page.		
2.		arried couple). Cashier's check or money order ONLY, non-refundable fee regardless of approval status.	
	Please make out the Money order/Cashier's C	heck to:	
3.	<b>Proof of income.</b> We accept copies of paystubs or bank deposit records; please include the last thre pay periods. If you receive monthly assistance (HUD, SSI, etc.) please include current documentatio to show your monthly earnings.		
4.	Copy of driver's license. MUST BE IN COLOR. We will be happy to make a copy of this for you during our business hours (M-F, 9:00am to 5:00pm).		
contact Applica informa	ted by a member of our staff once your applications are processed on a first-come, first-serv	all of the above information is received. You will be on has been approved or denied.  ed basis. Applications must include ALL of the above that you may be asked to provide additional information	
	y attest that I have read and understand the tion process.	information provided to me regarding the residential	
Printed	Name	Printed Name (if there is a co-applicant)	
Signatur	e	Signature	

Date

# JRES - RESIDENTIAL APPLICATION

Jacob Real Estate Services, Inc.

607 West Bay Street Tampa, Florida 33606 Tel. 813-258-3200 • Fax. 813-254-8168 E-mail: PropertyManagement@JRES.net



#### PERSONAL INFORMATION

APPLICANT LEGAL FULL NAME:			
Applicant SSN:	Birthdate:	Birthdate:	
Applicant Phone:	License No:		
Applicant email:			
	Phone#:		
CO-APPLICANT LEGAL FULL NAME:			
Co- Applicant SSN:	Birthdate:		
Co-Applicant Phone:	License No:		
Applicant email:			
Legal Full Names of All Other Residents:	Birthdate	Relationship to you	
How many pets do you or other occupants own? _			
Type of pet(s) / breed / weight / age:		<del></del>	
RES	SIDENCE HISTORY		
PRESENT ADDRESS:			
	Telephone:		
Dates From: To: _	Monthly Payment: \$		
Reason for Moving:			
PREVIOUS ADDRESS:			
	Telephone:		
Dates From: To: _	Monthly Payment: \$		
Reason for Moving:			
CO-APPLICANT ADDRESS:		11. 40°	
	Telephone:		
Dates From: To: _	Monthly Payment: \$		
CO-APPLICANT PREV. ADDRESS:			
	Telephone:		
	Monthly Payment: \$		
Reason for Moving:			

# JRES - RESIDENTIAL APPLICATION

Jacob Real Estate Services, Inc. 607 West Bay Street Tampa, Florida 33606 Tel. 813-258-3200 • Fax. 813-254-8168 E-mail: PropertyManagement@JRES.net



### **EMPLOYMENT INFORMATION**

PRESENT EMPLOYER:			
	Telephone:		
Supervisor Email:			
		Monthly Salary: \$	
Position Held:	Employer Address/Loc	cation:	
PREVIOUS or ADDITIONAL EMPLO	YER:		
		hone:	
		Monthly Salary: \$	
		ration:	
CO-APPLICANT EMPLOYER:			
	Supervisor Name: Telephone:		
Supervisor Email:			
		Monthly Salary: \$	
Position Held:	Employer Address/Loc	ation:	
	OTHER INFORMATION		
If there are other sources of income reach for confirmation:	e you would like us to consider, please li	st income, source, and contact that we can	
HAVE YOU OR CO-APPLICANT EVER	: Been sued for nonpayment of rent?	[]Yes []No	
	Been evicted or asked to move out?	[ ] Yes [ ] No	
	Broken a rental agreement or lease?	[ ] Yes [ ] No	
	Been sued for damage to rental prope	erty?[]Yes []No	
	Declared bankruptcy?	[ ] Yes [ ] No	
	on is correct. I authorize you to contact on the contact of the co	any references that I have listed. I also ting agency, which will appear as an inquiry	
APPLICANT'S SIGNATURE		DATE	
CO-APPLICANT SIGNATURE		DATE	