

**Center Name:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> 2924 Davie          | <input type="checkbox"/> Emporium Shoppes   | <input type="checkbox"/> Shoppes at Deerfield      | <input type="checkbox"/> Sims Creek Plaza      |
| <input type="checkbox"/> AmTrust Plaza       | <input type="checkbox"/> Palm Beach Place   | <input type="checkbox"/> Shoppes at Sawgrass       | <input type="checkbox"/> Yamato Village Center |
| <input type="checkbox"/> Coconut Cay Shoppes | <input type="checkbox"/> Shoppes at Boynton | <input type="checkbox"/> Shops at Stirling Place   | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Cross Creek Centre  | <input type="checkbox"/> Shoppes at Broward | <input type="checkbox"/> Shoppes at Village Pointe |  |

**Unit Address:** \_\_\_\_\_ **Bay #** \_\_\_\_\_

 **PERSONAL INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security No.:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Marital Status:**  Single  Married  Separated  Divorced  Domestic Partnership

Legal Name of Spouse: \_\_\_\_\_

**Driver's License:** State Issued: \_\_\_\_\_ Number: \_\_\_\_\_

**Current Residence:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Own  Rent From: \_\_\_\_\_ To: \_\_\_\_\_

**Landlord:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Note: If residential history is less than 5 years, please provide additional information.*

**Previous Residence:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Own  Rent From: \_\_\_\_\_ To: \_\_\_\_\_

**Landlord:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Residence:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Own  Rent From: \_\_\_\_\_ To: \_\_\_\_\_

**Landlord:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## BUSINESS INFORMATION

**Business (Entity) Name:** \_\_\_\_\_

**Doing Business As (d/b/a) Name:** \_\_\_\_\_

**State of Incorporation:** \_\_\_\_\_ **Federal ID Number:** \_\_\_\_\_

**Primary Use of Business:** \_\_\_\_\_

**Other Locations:**  Yes  No **How Many:** \_\_\_\_\_

**Brief Description of Your Business Experience:**  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT INFORMATION

**Current Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How Long at Present Employer:** \_\_\_\_\_  years  months

**Title:** \_\_\_\_\_ **Approximate Monthly Net Income:** \$ \_\_\_\_\_

## BANKING REFERENCE

**Name of Bank:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Account Number(s):** \_\_\_\_\_

Have you ever had or have been a party to an eviction?  Yes  No

Have you ever left a property owing money to an Owner or Landlord?  Yes  No

Have you applied for occupancy anywhere in the past 2 years, but did not move in?  Yes  No

Have you ever had adjudication withheld or been convicted of a felony?  Yes  No

**If you answered yes to any of the above questions please explain in detail the circumstances regarding the situation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicant acknowledges that all of the information and above statements on this application for rental/occupancy are true and complete. The Applicant hereby authorizes an investigative consumer report(s) and verification(s) of any and all information from any Agency relating to occupancy history (rental or mortgage), employment history, criminal history records, court records, and credit/income history. Applicant acknowledges that false, misleading, or omitted information herein may constitute grounds for rejection of this application, termination of occupancy (including forfeiture of fees and/or deposits), and may constitute a criminal offense under the laws of the State. The Applicant hereby releases Janoura Realty & Management, Inc. and any related companies, employees, and agents from any liability and responsibility arising from their doing an investigation hereunder. Facsimiles of this application may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization for application, it should be considered as an original and the requested information should be released to facilitate a decision.

*The Tenant Application will not be processed unless all of the above information is completed and a copy of each Owner's driver's license is provided.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_