



\$ _____ Deposit _____

\$ _____ Rent _____

\$40 AppFee _____

All fees payable in CASH, CASHIERS CHECK, MONEY ORDER

Property Applying for: _____ Date: _____

Name _____ DOB ___/___/___ SS# ___/___/___

DL# _____ State _____ Expiration date ___/___/___

Present Address: _____ Zip _____ Phone _____

City _____ State _____ Cell _____

Present Landlord: _____ Phone: _____ Rent: _____

Move-In date: ___/___/___ Move-out date: ___/___/___ Notice given: Yes / No

Name on lease agreement: _____

If less than 3 years at the present address listed above, the following must be filled out:

Previous address: _____ Zip: _____

Previous Landlord: _____ Phone: _____

Rent: _____ Move-in: ___/___/___ Move-out: ___/___/___

Notice: Given: Yes No

Name on lease agreement: _____

List everyone who will be residing in the unit. Failure to give correct information will result in automatic denial of application and/or termination of lease agreement. Please be advised that an application must be completed by each adult (18 and over), residing in the unit and an application fee paid.

Name: _____ SS# _____ - _____ - _____ DOB ___/___/___

Name: _____ SS# _____ - _____ - _____ DOB ___/___/___

Name: _____ SS# _____ - _____ - _____ DOB ___/___/___



TDO Management Services, Inc.
711 S. 3rd Street #3 Jacksonville Beach, FL 32250
O: 904.246.1125 F: 904.246.1135

Employment history must cover a 5-year period, if additional space is needed put information on back of this form.

Present Employer: _____ Prior Employer: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Position held: _____ Position held: _____

Start date: ___/___/___ Salary: _____ Start Date: ___/___/___ Salary: _____

Pay period: Weekly Monthly Hourly Pay period: Weekly Monthly Hourly

Vehicle 1 Make: _____ Model: _____ Year: _____ Color: _____

Tag# _____ State: _____

Vehicle 2 Make: _____ Model: _____ Year: _____ Color: _____

Tag# _____ State: _____

Do you have any pets? YES/NO

Species: _____ Weight: _____ Color: _____

There is a **\$500.00 non-refundable pet fee per pet**; failure to pay this fee can result in immediate termination of your lease agreement.

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO PROCESS YOUR APPLICATION.

1. Have you ever filed a petition for bankruptcy? _____ If yes, when _____
2. Have you ever been evicted? _____ Has an eviction been filed? _____ Have you broken a lease? _____ If yes, when _____
3. Have you ever willingly and intentionally refused to pay rent when due? _____ If yes, for what reason _____
4. Will trailers, boats, motorcycles or trucks be stored at the property? _____
5. Are there any circumstances, which may interrupt your income or ability to pay rent? _____, If yes, please explain _____
6. Have any of your former residences been damaged or destroyed by fire? _____ If so, please give the address of such former residence(s), the approximate date of the fire and the cause of the fire.



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Criminal Background Requirements:

1. Have you ever plead guilty, no contest, been convicted or had adjudication withheld for any felony?
_____ yes or _____ no
2. Have you ever plead guilty, no contest, been convicted or had adjudication withheld for any sexual offense or drug related charge?
_____ yes or _____ no
3. Are you registered with the Sheriff's Office as a sexual offender?
_____ yes or _____ no
4. Has any member of you household plead guilty, no contest, been convicted or had adjudication withheld for any felony?
_____ yes or _____ no
5. Has any member of your household ever plead guilty no contest, been convicted or had adjudication withheld for any sexual offense or drug related offense?
_____ yes or _____ no
6. Is any member of your household registered with the Sheriff's Office as a sexual offender?
_____ yes or _____ no

I understand that if I answer YES to any of the above questions that my application will not be considered. I also understand that all the above information is true and correct.

In the event that you do not, (or think you do not), have an active credit file:

Credit references: (charge accounts, personal loans, etc.)

Name: _____ Phone: _____ Acct# _____
Amt. _____

Name: _____ Phone: _____ Acct# _____
Amt. _____

Bank: _____ Acct# _____ Type: _____

Nearest Relatives name: _____ Phone: _____
Address: _____ Relation: _____

Applicant acknowledges that this application, including each prospective occupant named herein, is subject to approval. Landlord or his agent without explanation may reject application. If this application is approved, applicant agrees to execute, after notice of approval, a rental agreement prior to taking possession of the premises and to pay any balance due as the cost of necessary investigation to be conducted by the landlord and his agent. The application fee is non-refundable. If



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a holding Fee/Deposit is placed on said property and applicant is not approved the Holding Fee/Deposit will be refunded, however, if applicant is approved and does not take possession of the property, the Holding Fee/Deposit will be forfeited in full.

BACKGROUND CHECK AUTHORIZATION

I hereby authorize the landlord or any agent of TDO MANAGEMENT SERVICES to contact any of my references, previous employers, companies, credit bureaus, corporation, law enforcement agencies, persons and educational institutions to supply any information concerning my background. I also hereby release any of the above from any liability and responsibility arising from there doing so. This research may be performed from information dating back for the past ten years. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant

Applicant

Date

Date



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