

APPLICATION FOR RESIDENCY

YOUR PHONE(S) NUMBER(S) DAY _____ EVE _____ WORK _____

**(ALL QUESTIONS MUST BE ANSWERED, LEAVE NOTHING BLANK. USE NA IF IT DOES NOT APPLY)
"WRITE CLEARLY"**

DO NOT LEAVE APPLICATION AT RENTAL PROPERTIES, YOU MUST BRING IT TO THE OFFICE: 4895 SW
112TH ST., OCALA, FL 34476 - PHONE # (352) 291-9223

ADDRESS FOR DESIRED PROPERTY: _____ **DATE:** _____

APPLICANT NAME: _____

DATE OF BIRTH: __/__/__ SOCIAL SECURITY #: _____ MARRIED?: () YES () NO

EMPLOYER: _____ HOW LONG: _____

IS THE APPLICANT IN THE MILITARY SERVICE OR INTENDING TO JOIN: () YES () NO

IF STORM SHUTTERS ARE PROVIDED, ARE YOU ABLE TO INSTALL THEM? () YES () NO

CO-APPLICANT/SPOUSE NAME: _____

DATE OF BIRTH: __/__/__ SOCIAL SECURITY #: _____

EMPLOYER: _____ HOW LONG: _____

IS THE CO- APPLICANT IN THE MILITARY SERVICE OR INTENDING TO JOIN: () YES () NO.

NUMBER OF CHILDREN: _____

NAME	AGE
------	-----

1. _____

2. _____

3. _____

DO NOT LEAVE THIS SECTION BLANK:

NUMBER OF PETS: _____ BREED: _____

WEIGHT OF PET IF A DOG: _____

DO YOU HAVE PLANS FOR FUTURE PETS OR AN INCREASED NUMBER OF PETS WHILE RESIDING IN OUR
PROPERTY?: () YES () NO

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

