

DUKE PROPERTIES INC.

RENTAL APPLICATION

(Each Co-Applicant **MUST** submit a separate application)

DATE: _____ APT. #: _____

PROPOSED MOVE IN DATE: _____ RENT \$ _____ LEASE TERM: _____

Once Applicant is Approved for Residency, Security Deposit is NOT Refundable until all Lease Requirements are met.

Applicants Phone # _____ EMAIL ADDRESS _____

This application, and the contents thereof, are considered part of the Lease Agreement

First	Middle	Last Name of Applicant	Date of Birth
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Social Security #	Driver's License Number
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Current Address	Apt #	HM: Phon
City	State	Zip
		Cell: Numb

Dates of Residency	Monthly Rent	Property Name/Manager	Property Phone
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Previous Address	City	State
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Dates of Residency	Monthly Rent	Property Name/Manager	Property Ph
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Property Name/Manager	Phone Number
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Current Employer :	Address:	Work Phon
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Job Title:	Length of Employment:	Gross M
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Supervisor Name:	Work Phone Number:
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Previous Employer:	Address:	Work Phone Num
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Job Title	Length of Employment:	Gross Monthly Income
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Supervisor Name:	Work Phone Num
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DUKE PROPERTIES INC.

Other Income to be Considered \$	Other Income to be Considered \$
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Will you or other occupants have a pet in the apartment? If yes:

Breed:	Height:	Weight:	Age:	Color:
Breed:	Height:	Weight:	Age:	Color:

List all other Persons who will be Occupying the Apartment but not signing the Lease:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

List all vehicles to be Parked on the Premises:

Type Vehicle:	Year	Make	Color of Vehicle:	Type Vehicle:	Year	Make	Color of Vehicle:
License Number:	License Number:						

Has Applicant, Spouse, Co-Applicant or any Occupant listed above ever:

A. Been evicted or asked to move out?	D. Been sued for non-payment of rent?
B. Broken a rental agreement or lease agreement?	E. Been sued for damages to a rental property?
C. Been convicted of a Felony?	

If any of the above answers are "Yes", please explain below:

Why are you leaving your present residence?

How did you hear about our property? Drive By Resident Referral Magazine

Please give name of any resident referral. _____

In case of an emergency, please notify:

Name: _____ Relationship: _____ Home Phone: _____

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Cell Phone:_____

Address:_____ Work Phone: _____

In the event of serious injury or death of Applicant and or Co-Applicant, the above listed person may () may or may not () enter the apartment and remove and/or store contents found in the dwelling, adjoining areas & mail

DUKE PROPERTIES INC.

The undersigned represent that all of the above statements are true and complete. Management is authorized to verify such information by consumer reports, rental history reports, criminal reports and other means, but is not required to make verifications or investigations. Failure to answer the above inquiries or false information shall entitle Management to (1) reject this application; (2) retain the application fee(s) and deposit(s) as damages for time and expenses of processing the application, and (3) terminate resident's right of occupancy. Security deposit, when it is ascertained to be refundable, will be refunded according to Florida law. Management reserves the right to routinely furnish information to consumer reporting agencies about performance of obligations by the undersigned. Such information may be reported at any time and may include both favorable and unfavorable information regarding the undersigned's compliance with the lease, community policies and procedures and financial obligations. Management has no duty to provide emergency care or give notice of an emergency to a person and shall not be liable to the undersigned, occupant, or any guest, for failure to do so. The undersigned is responsible for any and all damages to their personal property resulting from any cause whatsoever.

**IT IS THE RESIDENT'S SOLE RESPONSIBILITY TO CARRY
RENTAL INSURANCE FOR ALL OF THEIR PERSONAL PROPERTY.
DEPOSITS AND FEES**

Security Deposit: \$ _____ Application Fee: \$ _____

Refurbishing Fee: \$ _____ Pet Fee: \$ _____

Read and complete in full before signing. Incomplete applications will not be processed.

Signature of Applicant _____ Date: _____

Application Received: _____
Management Representative _____ Date: _____



DUKE PROPERTIES INC.

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DUKE PROPERTIES INC.

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