

Rental Application

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse License # \_\_\_\_\_ State \_\_\_\_\_ other phone # \_\_\_\_\_

Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ since \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ Have you ever been evicted? \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Positon \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \_\_\_\_\_ Since \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \_\_\_\_\_ Positon \_\_\_\_\_

List all Occupants who will reside in the home other than yourself:

\_\_\_\_\_

In case of Emergency Contact: \_\_\_\_\_

*Correct information: Applicant represents that all of the above statements are true and complete and hereby authorizes verification of the above information, references and credit records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application or termination of right of occupancy.*

I have read and agree to the provisions stated above.

X \_\_\_\_\_ date \_\_\_\_\_ X \_\_\_\_\_ date \_\_\_\_\_

Please complete form w/ \$35 credit check fee paid to: Bridging Dreams  
Mail Checks to: Bridging Dreams 3609 63<sup>rd</sup> rd St. W Bradenton, FL 34209 or you can  
pay through paypal.com by sending to blbradenton@aol.com