

**Brush Hill Townhomes
At Evening Rose**

Rockrose, LLC
2417 Fleischmann Rd., Unit 1
Tallahassee, FL 32308
Tel 850-894-8600
Fax 850-894-4226

RESIDENTIAL RENTAL APPLICATION

(Each adult to complete separate application)

Please print clearly and complete fully.

APPLICANT:

Full Name _____

Present Address _____

S.S. Number _____ - _____ - _____ Date of Birth _____

Telephone-work/cell _____

E-mail address(es) _____

RENTAL HISTORY (past two years):

Present Landlord _____ Phone _____

Address _____

Monthly Rent _____ Reason for Leaving _____

Previous Landlord _____ Phone _____

Address _____

Monthly Rent _____ Reason for Leaving _____

OCCUPANTS. All persons occupying premises must be listed.

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT INFORMATION:

Present Employer _____ Position _____

Supervisor's Name _____ Phone _____

Gross Monthly Salary _____ Length of Employment _____

If employed by above less than six months, provide name, address and telephone number of previous employer or school:

Other Income, if any. Amount \$ _____

Source & Contact: _____

BANK INFORMATION:

Checking Account at _____ Account # _____

Address _____ Approximate Balance _____

Savings Account at _____ Account # _____

Address _____ Approximate Balance _____

AUTOMOBILES.

Your Driver License Number _____ State _____

(1) Make/Model _____ Year _____ Plate _____ State _____

(2) Make/Model _____ Year _____ Plate _____ State _____

**There is a strict limit of two (2) vehicles per home.
RV's, trailers, boats and commercial trucks are prohibited.**

EMERGENCY CONTACT: In case of emergency notify:

Name _____ Relationship _____

Address _____ Phone _____

Have you ever been evicted, sued for nonpayment of rent, or
breached a lease (if so, explain)? _____

Please provide any additional information which will assist us in
reviewing your application:

I certify that the above information is true and complete. I authorize the verification of
this information by contacting any or all individuals and financial institutions listed
above.

I authorize Rockrose, LLC, and/or it's agent to obtain my credit report from a credit
reporting agency.

I understand that this is not a lease or an offer to rent. No binding obligation of any kind
exists between the owner and myself unless and until a lease is signed. This Application
is subject to prior Applications. This Application and any lease is subject to approval by
the City of Tallahassee. This Application shall remain the property of the owner.

I hereby submit a non-refundable application fee of \$60.00 to Rockrose, LLC.

Signature of Applicant _____ Date _____

Printed Name _____ Date of Birth _____

We do business in accordance with the Fair Housing Act.

NO PERSON SHALL BE DENIED THE RIGHT TO RENT OUR PROPERTY
BECAUSE OF THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN
OR ANCESTRY.