



APPLICATION FOR OCCUPANCY
and
Release of Information Authorization
(One Application for Each Applicant)

Center Name: AmTrust Plaza Cross Creek Centre Emporium Shoppes Lincoln Park Delray
Marketplace at Tamarac Nob Hill Place Shoppes at Sawgrass Shops at Stirling Place
Bay Address: \_\_\_\_\_ # \_\_\_\_\_

Personal Information

Applicant Name: \_\_\_\_\_
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_
Marital Status: Single Married Separated Divorced Domestic Partnership
Driver's License: State Issued: \_\_\_\_\_ Number: \_\_\_\_\_
Current Residence: Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Own Rent From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
Landlord: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Note: If residential history is less than 5 years, please provide additional information.

Previous Residence: Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
Own Rent From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
Landlord: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Residence: Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
Own Rent From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
Landlord: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Business Information**

**Business (Entity) Name:** \_\_\_\_\_

**Doing Business As (d/b/a) Name:** \_\_\_\_\_

**State of Incorporation:** \_\_\_\_\_ **Federal ID Number:** \_\_\_\_\_ - \_\_\_\_\_

**Primary Use of Business:** \_\_\_\_\_

**Other Locations:** Yes No **How Many:** \_\_\_\_\_

**Brief Description of Your  
Business Experience:**

**Employment Information**

**Current Employer:** \_\_\_\_\_ **Phone:** ( ) - \_\_\_\_\_

**How Long at Present Employer:** \_\_\_\_\_ years \_\_\_\_\_ months **Title:** \_\_\_\_\_

**Approximate Monthly Net Income:** \$ \_\_\_\_\_

**Banking Reference**

**Name of Bank:** \_\_\_\_\_

**Phone:** ( ) - \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Account Number(s):** \_\_\_\_\_

	YES NO		YES NO
Have you ever had or have been a party to an eviction?		Have you applied for occupancy anywhere in the past 2 years, but did not move in?	
Have you ever left a property owing money to an Owner or Landlord?		Have you ever had adjudication withheld or been convicted of a felony?	

If you answered yes to any of the above questions please explain in detail the circumstances regarding the situation:

The Applicant acknowledges that all of the information and above statements on this application for rental/occupancy are true and complete. The Applicant hereby authorizes an investigative consumer report(s) and verification(s) of any and all information from any Agency relating to occupancy history (rental or mortgage), employment history, criminal history records, court records, and credit/income history. Applicant acknowledges that false, misleading, or omitted information herein may constitute grounds for rejection of this application, termination of occupancy (including forfeiture of fees and/or deposits), and may constitute a criminal offense under the laws of the State. The Applicant hereby releases **Janoura Realty and Management, Inc.** and any related companies, employees, and agents from any liability and responsibility arising from their doing an investigation hereunder. Facsimiles of this application may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization for application, it should be considered as an original and the requested information should be released to facilitate a decision.

**The Tenant Application will not be processed unless all of the above information is completed and a copy of each Owner's driver's license is provided.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE FAX COMPLETED  
APPLICATIONS TO (954) 721-9198

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