

BRANNAN PROPERTIES, LLC

161 N Main Street Williston, FL 32696 Office (352) 528-6558 ● Fax (352) 528-5559

sharon@brannancpa.com

TENANT APPLICATION

Name:		
Co-Applicant:		
Relationship:		
Phone Number: Alternate Phone Num		Number:
Email:		
Current Address:		
Do you rent? Mo	onthly Rent:	Lease Term:
Landlords Name:		Phone Number:
Address:		
Current Employer:		
Address:		
Phone:	Supervisor:	
Income:	Weekly/Monthly:	Years Employed:
Current Employer:		
		or:
Income:	Weekly/Monthly:	Years Employed:
Number of adults to occupy rental:	Children	:
Pets: Cat/Dog:	Non-refu	indable Deposit: \$250.00
Number of Vehicles:	Make:	Tag Number:
	Make:	Tag Number:
Nearest Relative:	Relationship:	
Address:		Phone:
Good Faith Deposit: \$money is not refundable after 24 hours u		, non-interest bearing account. The deposit he rental.
Please consider this signed application purpose of establishing credit for rental	as my permission to release n purposes. A \$30.00 non-refundal	ny credit information to NATIONAL CREDIT CHECK for the ble credit fee is due at signing of application.
Signature		Date
Signature		Date
Approved By	Denied B	y;