



## ***RENTAL APPLICATION***

Each applicant, including both husband and wife,  
must fill out the Personal Information Section

**Application Fee:**  
\$ 250.00

Date Paid: \_\_\_\_\_

Method: \_\_\_\_ Cash

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Rec'd By: \_\_\_\_\_

**PLEASE PRINT**

### **PROPERTY INFORMATION**

Address Applied For: Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

Requested Occupancy Date: \_\_\_\_\_

Applicant # 1: \_\_\_\_\_

Applicant # 2: \_\_\_\_\_

Applicant # 3: \_\_\_\_\_

Applicant # 4: \_\_\_\_\_

An **APPLICATION FEE** of **\$250.00** is required at the time of submitting the application. Funds must be in the form of **CASH, CERTIFIED CHECK or MONEY ORDER**, and written to Jim Wood Realty Escrow.

**Upon signing the lease, the Application Fee, less \$50 shall be applied to the Security Deposit.**

**Applicant(s) agrees by signing this application that the Application Fee will be forfeited if the application is declined because of false information or if the application is withdrawn, FOR ANY REASON, by applicant after the application has been approved.**

**THERE WILL BE NO EXCEPTIONS.**

**Should there be more than two signers (Applicants) on the lease, an additional non-refundable Credit Check Fee of \$50 per individual.**



## RENTAL APPLICATION

APPLICANT # \_\_\_\_\_

### PERSONAL INFORMATION

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVER'S LICENSE: Number \_\_\_\_\_ State \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

CURRENT ADDRESS: Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PRIMARY VEHICLE: Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

BANK ACCOUNT: Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BANK ACCOUNT: Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## RENTAL HISTORY

(Husband and wife applicants may complete only one rental history)

CURRENT LANDLORD: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS: Months \_\_\_\_\_ Years \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Is your present rent up to date? Yes \_\_\_ No \_\_\_ When does your Lease end? \_\_\_\_\_

**PREVIOUS ADDRESS:** Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG AT THIS ADDRESS: Months \_\_\_\_\_ Years \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS ADDRESS:** Street \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL\_ \_\_\_\_\_

HOW LONG AT THIS ADDRESS: Months \_\_\_\_\_ Years \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**Applicant authorizes Jim Wood Realty, PL or their agent to contact past and present landlords to investigate applicant's rental and payment history.**

**ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OR FACSIMILE OF THIS FORM AT ANY TIME.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMPLOYMENT HISTORY

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

WAGES: Per Paycheck \$ \_\_\_\_\_ PAID: (Circle one) Weekly Bi-Weekly Monthly

**PREVIOUS EMPLOYER:** \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

WAGES: Per Paycheck \$ \_\_\_\_\_ PAID: (Circle one) Weekly Bi-Weekly Monthly

REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

WAGES: Per Paycheck \$ \_\_\_\_\_ PAID: (Circle one) Weekly Bi-Weekly Monthly

REASON FOR LEAVING: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVER'S LICENSE: Number \_\_\_\_\_ State \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

:EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

CURRENT ADDRESS: Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PRIMARY VEHICLE: Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

BANK ACCOUNT: Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings PHONE : \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BANK ACCOUNT: Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## RENTAL HISTORY

(Husband and wife applicants may complete only one rental history)

CURRENT LANDLORD: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS: Months \_\_\_\_\_ Years \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Is your present rent up to date ? \_\_\_\_\_ When does your Lease end? \_\_\_\_\_

**PREVIOUS ADDRESS:** Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG AT THIS ADDRESS: Months \_\_\_\_\_ Years \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS ADDRESS:** Street \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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## EMPLOYMENT HISTORY

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

WAGES: Per Paycheck \$ \_\_\_\_\_ PAID: (Circle one) Weekly Bi-Weekly Monthly

PREVIOUS EMPLOYER: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

WAGES: Per Paycheck \$ \_\_\_\_\_ PAID: (Circle one) Weekly Bi-Weekly Monthly

REASON FOR LEAVING: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL INFORMATION

### OTHER INCOME

(Pension, Social Security, Trust Fund, Alimony, Child Support, Stocks, Bonds, etc.  
(Attach photocopies of proof of additional income to application )

Include for all applicants

SOURCE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ PROOF: \_\_\_\_\_

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SOURCE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ PROOF: \_\_\_\_\_

### OTHER FIXED MONTHLY EXPENSES

(Auto Loans, Other Loans, Credit Cards, Alimony, Child Support )

Include for all applicants

AUTO LOAN: Lien Holder \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

AUTO LOAN: Lien Holder \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

AUTO INSURANCE: Company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

HEALTH INSURANCE: Company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

CREDIT CARD: Company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

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STUDENT LOANS: Company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

OTHER: Holder or company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

OTHER: Holder or company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

OTHER: Holder or company \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_



**PROPOSED OCCUPANTS**  
**(Including applicants, children, other relative or friend)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

**PROPOSED PETS**

TYPE/BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

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TYPE/BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

**PERSONAL REFERENCES**  
**(Local, if possible)**

NAME: \_\_\_\_\_ Known how long? \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ Known how long? \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ Known How Long? \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ Known How Long? \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

<b>EMERGENCY CONTACTS</b>
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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX : \_\_\_\_\_

WOULD ANY OF THE ABOVE LISTED REFERENCES OR EMERGENCY CONTACTS  
BE WILLING TO COSIGN THE LEASE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, LIST THEIR NAME HERE: \_\_\_\_\_

**NOTES**

**(List any additional information if there wasn't enough space available in the categories above or of any other significance to your application)**

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**MISCELLANEOUS INFORMATION AND APPLICANT(S)' SIGNATURE(S)**

WHO REFERRED YOU TO THIS OFFICE? \_\_\_\_\_

**PRIVACY POLICY:** WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION ABOUT OUR CUSTOMERS TO ANYONE FOR ANY PURPOSE THAT IS NOT SPECIFICALLY PERMITTED BY LAW.

**NOTE: OWNER'S INSURANCE DOES NOT COVER TENANTS' POSSESSIONS. PLEASE CONTACT YOUR INSURANCE AGENT FOR PERSONAL PROPERTY OR RENTER'S INSURANCE COVERAGE. IF YOU DO NOT HAVE AN INSURANCE AGENT THAT CAN PROVIDE YOU WITH THE COVERAGE NEEDED, WE WILL BE HAPPY TO REFER YOU TO SOME AGENTS IN THE AREA THAT CAN HELP YOU.**

UPON SIGNING THE LEASE, WE PROVIDE OUR TENANTS WITH ALL THE NEEDED INFORMATION FOR OBTAINING UTILITIES AND FOR PROPER MAINTENANCE OF THE PROPERTY

\_\_\_\_\_ I/WE HAVE INSPECTED THE RENTAL PROPERTY AND FIND IT TO BE IN A GOOD AND HABITABLE CONDITION.

\_\_\_\_\_ I/WE HAVE INSPECTED THE RENTAL PROPERTY AND ADVISE THE LANDLORD THAT THE FOLLOWING REPAIRS ARE NEEDED TO MAKE THE RENTAL PROPERTY HABITABLE.

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**I/We have read the entire application and agree to abide by all requirements and regulations of the lease for this property. All information contained in this application is true, accurate and complete to the best of the applicant(s)' knowledge.**

**I/We understand that any misrepresentation in this application is grounds for denial of the application and forfeiture of the Application Fee.**

**SIGNATURE(S):**

**Applicant # 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant # 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant # 3:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant # 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Post Office Box 2748  
High Springs, Florida  
32655-2748



Phone: 386-454-2907  
Fax: 386-454-2510  
[www.jimwoodrealty.com](http://www.jimwoodrealty.com)

## TENANT DISCLOSURE AND RELEASE

In connection with my tenant application with Jim Wood Realty, PL. I understand that consumer reports which may contain public record information may be requested from Advantage Credit, Inc./Advantage Tenant, Inc., Pensacola, Florida. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

### **I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ADVANTAGE TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to Advantage Credit, Inc./Advantage Tenant, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information.

I hereby authorize procurement of consumer report(s). If approved as a tenant, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my contract period.

I authorize Jim Wood Realty, PL and its' Agents to use information furnished in my Rental Application to secure the consumer report(s).

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
AGENT FOR JIM WOOD REALTY, PL



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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
AGENT FOR JIM WOOD REALTY, PL