



Application for Residency

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Birth date _____ Driver's License # & State _____ Sex _____

Co-applicant / Spouse's Name _____ Social Security Number _____

Birth date _____ Driver's License # & State _____ Sex _____ Number of Occupants _____

Other Occupant's Names & Ages _____ Pets: Yes No

Residence History

Present Address _____ City _____ State _____ Zip _____

How Long? _____ Home Phone Number (____) _____ Monthly Payment _____ Own or Rent _____

Name of Present Landlord or Mortgage Company _____

Landlord's Address _____ Landlord's Phone Number (____) _____

Previous Address _____ City _____ State _____ Zip _____

How Long? _____ Monthly Payment _____ Own or Rent _____ Reason for Leaving _____

Name of Previous Landlord or Mortgage Company _____

Landlord's Address _____ Landlord's Phone Number (____) _____

Employment History – Past 3 Years

Present Employer _____ Supervisor(s) _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Position _____ How Long? _____ Salary \$ _____ per _____

Previous Employer _____ Supervisor(s) _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Position _____ How Long? _____ Salary \$ _____ per _____

Spouse's Present Employer _____ Supervisor(s) _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Position _____ How Long? _____ Salary \$ _____ per _____

Spouse's Previous Employer _____ Supervisor(s) _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Position _____ How Long? _____ Salary \$ _____ per _____

145 S. Ocean Avenue
Management Office
Palm Beach Shores, FL 33404
Off: 561-848-2306 / Fax: 561-848-2729
Email: theatriumpbs@gmail.com

Personal References

Name _____ Phone Number (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone Number (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone Number (_____) _____

Address _____ City _____ State _____ Zip _____

Additional Information

In Case of Emergency, Notify _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____ Relationship _____

Nearest Relative, Notify _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____ Relationship _____

Family Physician _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____ Relationship _____

Have you ever been arrested? Yes No Have you ever filed bankruptcy? Yes No

Have you ever been evicted? Yes No Have you ever refused to pay rent for any reason? Yes No

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 hereon may constitute grounds for rejection of this application, termination of right of occupancy, and may be constituted as a criminal offense under laws of the state.

Applicants Signature _____ Date _____

Applicants Signature _____ Date _____



Release Form

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability and responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be release to facilitate my/our application for residency.

Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Race: _____ Sex: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Co-Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Race: _____ Sex: _____

Co-Applicant Signature: _____ Date: ____ / ____ / ____