

Pebble Hill Application for Residency
2353 Mission Bld J, Tallahassee, Florida 32304
850-574-1240 Fax 850-574-5920

\$25.00 Application fee paid _____ Unit being applied for: _____

Name: _____ Phone number: _____

Social Security Number: _____ Drivers License number _____

Current address: _____ Date of birth _____

Landlord: _____ Landlords phone number: _____

Please list other applicants below:

Name: _____ age: _____ Relationship _____

Name: _____ age: _____ Relationship _____

Name: _____ age: _____ Relationship _____

Previous address: (if different from above) _____

Permanent address (if different from above) _____

Current employer: _____ Position _____

Length of employment: _____ Salary/wages: _____

Supervisor _____

Employers phone number: _____ location of employment: _____

Previous employer: _____ Position _____

Length of employment: _____ Salary/wages: _____

Supervisor _____

Employers phone number: _____ location of employment: _____

Please list all sources of income: (i.e. parent's financial aide scholarships alimony child support) and the length of time to be received.

Are you a student? _____ Name of school _____ Full time _____ Part time _____

Do you own a pet? _____ How many _____ breed: _____ age: _____

Have you ever been evicted? _____ If so why? _____

Name of emergency contact: _____ relationship: _____

Address of emergency contact: _____ phone number: _____

By signing below I hereby give Pebble Hill permission to gather any information necessary as it relates to the rental unit I am applying for. Signing this does not guarantee that I will assigned this unit nor does it hold the unit for me. I understand that I only am applying for the unit this is not a lease. The only way to secure a unit is to sign a lease and place a security deposit on the unit.

Applicant

Print name: _____

Date: _____