

DAVIS LANDINGS RENTAL WAITING LIST APPLICATION FORM		
Date:		
APPLICANT NAME:		
Date of Birth:		
Current Address:		
City:	State:	Zip Code:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Home Phone: ()		Work: ()
Cell: ()		Fax: ()
Email:		
Do you live in Palm Beach County? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Co-APPLICANT NAME:		
Date of Birth:		
Current Address:		
City:	State:	Zip Code:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Home Phone: ()		Work: ()
Cell: ()		Fax: ()
Email:		

Total household size? _____

Annual household income before tax and to include all income from employment, social security/disability, child support, alimony etc.? _____

Apartment Size desired _____

Staff Use Only. Leasing Agent _____
Contact by phone _____.
Contact by email _____ Contact by mail _____
Follow-up action:

