

# Treder Realty, Inc.

2110 S. Washington Ave  
Titusville FL 32780

Phone: 321-267-6616

**\*\* Application Fee: \$40.00 per Adult \*\***

Fax: 321-267-8654

## Application For Rent or Lease National Criminal Search

**\*\*PLEASE PRINT \*\***

Property Applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: \_\_\_\_\_  
MONTH DAY YEAR

Cell Phone: \_\_\_\_\_

DR License#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Name City State Zip

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Number and Street Name City State Zip

Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street Name City State Zip

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Other Income Source: \_\_\_\_\_ Other Income Amount: \$ \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: \_\_\_\_\_  
MONTH DAY YEAR

Cell Phone: \_\_\_\_\_

DR License#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Name City State Zip

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street Name City State Zip

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Income: \$ \_\_\_\_\_

The undersigned applies for rent/lease and represents that the property will not be used for any illegal or restricted purposes and that all statements made in this application are true and for the purpose of obtaining the above mentioned rent or lease. Verification may be obtained from any source named in this application or from a recognized credit reporting agency and a recognized national criminal reporting agency. The original or a copy of this application may be obtained by the rental agent/landlord even if the rent or lease is not granted. The decision to grant or deny this application is at the sole discretion of the agent/landlord.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF A CURRENT DRIVER'S LICENSE/PICTURE ID WILL BE REQUIRED  
AT TIME OF APPLICATION**