



**FOREST OAKS  
VILLAS**

**RENTAL APPLICATION**

Name(s): \_\_\_\_\_

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

Current Address: \_\_\_\_\_ How Long \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Auto: Year, Make and Plate# \_\_\_\_\_

Number of occupants \_\_\_\_\_ Do you intend to carry renter's insurance \_\_\_\_\_

Do you or your spouse smoke? \_\_\_\_\_ Do you have pets? \_\_\_\_\_

All apartments are NON SMOKING

If you do have pets please indicate cat or dog, breed and weight \_\_\_\_\_

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

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

The above information is true and correct (false or misleading information is grounds for lease termination). I hereby authorize Forest Oaks Villas to verify the above information by contacting any of the above information. All apartments are rented on a first come, first serve basis in writing and are subject to credit approval

Forest Oaks Villas LTD  
8125 Forest Villas Circle Spring Hill FL 34606  
Phone: 352-686-9257 Fax: 352-686-9980