



KLM Holdings & Development  
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## Resident Application

### Resident Information

Name of Resident: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Will be Leasing At (Address): \_\_\_\_\_

When this lease starts, I will be a (circle one): FRESH    SOPH    JUNIOR    SENIOR    GRAD STUD    OTHER

Expected Graduation month/year: \_\_\_\_\_ Major: \_\_\_\_\_

Address where you currently reside: \_\_\_\_\_

Apartment/Property name where you currently reside (if applicable): \_\_\_\_\_

Number of Years at Current Address: \_\_\_\_\_ Number of Roommates: \_\_\_\_\_

Landlord/Leasing Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***I understand a Co-Sign Form must be completed to complete this Resident Application and Rental Agreement.***

Co-Signor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Signor Email: \_\_\_\_\_ Relation: \_\_\_\_\_

### Parent/Guardian Information

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

Relation to Resident: \_\_\_\_\_

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

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

### Emergency Contact (other than parent/guardian)

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

I HEREBY AUTHORIZE KLM PROPERTY HOLDINGS TO CONTACT THE ABOVE INDIVIDUAL(S) OR AGENCIES TO VERIFY THE INFORMATION PROVIDED ON THIS APPLICATION. I HEREBY CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

RESIDENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_