



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: _____