

SHORT-TERM RENTAL APPLICATION

PROPERTY INFORMATION

Date: _____ (mm/dd/yyyy)

Property address:

_____ (Street) _____ (Unit, if any)

_____ (City), _____ (State) _____ (ZIP code)

GUEST PERSONAL INFORMATION

Guest(s) name:

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Guest(s) contact information:

Cell phone #: _____ Work phone #: _____ Email: _____

Driver's license state and number: _____

Cell phone #: _____ Work phone #: _____ Email: _____

Driver's license state and number: _____

Do you have a pet(s)? YES / NO If YES, list information for pet(s) below:

Breed: _____ Weight: _____ YOB: _____ Color: _____

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RENTAL INFORMATION

Nightly Weekly Monthly Rate amount: \$_____

Guest check-in date: _____ Guest check-out date: _____

Check-in time: _____ Check-out time: _____ Number of guests: _____

Property type: House Apartment Cottage

Renting: Full House Partial house

Sleeps: _____ (#) Bedrooms: _____ (#) Beds: King Queen Twin Other: _____

Baths: Full _____ (#) Half _____ (#)

Parking spots: _____ (#) Assigned parking YES or NO Parking #: _____

Smoking allowed? YES or NO Designated smoking area? YES or NO Location: _____

Amenities included: Pool Golf club Tennis courts Gym Other: _____

Passes/keys provided: Pool Golf club Tennis courts Gym Other: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

PAYMENT INFORMATION

Guest has paid \$_____ deposit. Check Cash Credit Card

Remaining balance due \$_____ Payable by: Check Cash Credit Card

Guest Signature: _____ Date of Signature: _____